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FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
JANUARY 1–DECEMBER 31, 1996
VOLUME 1 OF 3

United States Congressional Serial Set

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United States Government Printing Office
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105th Congress, 1st Session - - - - - - - - - - - - House Document 105–110

FINANCIAL DISCLOSURE

REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

January 1, 1996 and December 31, 1996

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO 2 U.S.C. 703(d)(1) AND RULE XLIV, CLAUSE 1, OF THE HOUSE RULES

(Volume 1 of 3)

JULY 24, 1997.—Referred to the Committee on House Oversight and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

42–409 WASHINGTON : 1997

LETTER OF TRANSMITTAL

OFFICE OF THE CLERK,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, July 22, 1997.

Hon. NEWT GINGRICH,
The Speaker, The Capitol,
House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 4, § 103 *et seq.*), and House Rule XLIV.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 15, 1997, and includes the financial transactions as reported therein which occurred between January 1, 1996 and December 31, 1996.

House Rule XLIV provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

Sincerely yours,

ROBIN H. CARLE,
Clerk, U.S. House of Representatives.

Enclosure.

NEIL ABERCROMBIE
1ST DISTRICT, HAWAII
REGIONAL WHIP

HAND DELIVERED

COMMITTEE ON
NATIONAL SECURITY

COMMITTEE ON
RESOURCES

Congress of the United States
House of Representatives
Washington, D.C. 20515

May 15, 1997

MC

(9)

RECEIVED
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97 MAY 15 PM 7:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Robin H. Carle
Clerk of the House
Legislative Resource Center
B-106 Cannon House Building
Washington, D.C. 20515

Dear Ms. Carle:

This letter serves as clarification to my 1996 Financial Disclosure Form. The clarifications are listed here in the order in which they appear on my filing.

On my 1995 Financial Disclosure, I reported expected book royalties under Schedule III-Assets and "Unearned" Income. As these expectations were not met in 1996, I did not include book royalties on my 1996 filing.

Under Schedule IV-Transactions, I have included information on an annuity, in my wife's name, that was liquidated in 1996. Information on this annuity was inadvertently omitted from my 1995 Financial Disclosure; a formal amendment to my 1995 filing is forthcoming.

Lastly, I have enclosed a copy of my letter to the Congressional Asian Pacific Caucus Institute (CAPACI). As you will note, I declined reappointment to the Board of Directors of CAPACI. Because I am no longer a boardmember of CAPACI, this entry does not appear on Schedule VIII of my 1996 filing.

If you need any additional information or clarification, please do not hesitate to contact me or my Executive Assistant, Patti Itamoto, at 225-2726.

Sincerely,

Neil Abercrombie

Neil Abercrombie
Member of Congress

NA:psi

ORIGINATED FROM:
☞ WASHINGTON OFFICE: 1233 LONGWORTH HOUSE OFFICE BUILDING, WASHINGTON, D.C. 20515 (202) 225-2726
☐ HOME OFFICE: ROOM 4104, 300 ALA MOANA BLVD., HONOLULU, HAWAII 96850 (808) 541-2570

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 7:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Neil Abercrombie
(Full Name)

1233 Longworth House Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
225-2726

Filer Status: [X] Member of the U.S. House of Representatives — State: Hawaii District: 1st — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Neil Abercrombie

DATE (Month/Day/Year): 5-15-97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Hawaii	Legislative Pension	$22,825.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. For full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
Jt	Coop Apt. Makiki St. Honolulu, Hawaii				X								X										X						
	Accts. at University of Hawaii Fed. Credit Union			X											X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Neil Abercrombie

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Charles Schwab IRA			X																NA								

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SCHEDULE IV — TRANSACTIONS

Name Neil Abercrombie

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
SP	College Retirement Equities Fund		X		12-31-96	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Vera Abercrombie	Mortgage on Makiki St. coop			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Int'l Assoc. of Machinists	Apr 26-27	Wash, DC - Chicago - Wash, DC	Y	Y	N	N
	Int'l Brotherhood of Boiler makers, Shipbuilders, Blacksmiths, Forgers and Helpers and Int'l Assoc. of Bridge, Structural, and Ornamental Workers	Aug 11-12	Honolulu - Las Vegas	Y	Y	N	N
	Nat'l Assoc. of Letter Carriers	Aug 12-14	Las Vegas - Orlando - Honolulu	Y	Y	N	N
	Sheetmetal Workers Int'l Assoc. Local 293	Oct 12	Honolulu - Kailua-Kona - Honolulu	N	N	N	N
	Confederation of Indian Industry	Nov 29 - Dec 9	Honolulu - Bombay - Bangalore - New Delhi - Amritsar - Agra - New Delhi - Honolulu	Y	Y	Y	N

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NEIL ABERCROMBIE
1ST DISTRICT, HAWAII
REGIONAL WHIP

COMMITTEE ON
NATIONAL SECURITY
COMMITTEE ON
RESOURCES

Congress of the United States
House of Representatives
Washington, D.C. 20515

February 13, 1997

Rear Admiral Ming E. Chang, USN (ret.)
Congressional Asian Pacific
American Caucus Institute
1301 K Street, N.W.
Suite 400, East Tower
Washington, D.C. 20005

Dear Rear Admiral Chang:

I want to thank you for the opportunity to serve as a member on the Congressional Asian Pacific American Caucus Institute (CAPACI) Board of Directors.

It is my understanding that the agenda of the annual meeting of the CAPACI Board of Directors scheduled for Friday, February 14 includes the election of a new Board of Directors.

At this time, I do not intend to seek reappointment to the Board of Directors. It has been an honor to have played a supporting role in the founding of CAPACI. We can be proud that CAPACI performed admirably during its first year. CAPACI has remained true and consistent to its original goals and purposes.

However, the future of CAPACI depends on our ability to encourage and foster participation by a broad cross section of individuals in the Asian Pacific American community. I want to give other qualified individuals the opportunity to serve on the Board of Directors.

I look forward to continue our working relationship on issues affecting the Asian Pacific American community.

Sincerely,

Neil Abercrombie

Neil Abercrombie
Member of Congress

NA:ay

ORIGINATED FROM:
☑ WASHINGTON OFFICE: 1233 LONGWORTH HOUSE OFFICE BUILDING, WASHINGTON, D.C. 20515 (202) 225-2726
☐ HOME OFFICE: ROOM 4104, 300 ALA MOANA BLVD., HONOLULU, HAWAII 96850 (808) 541-2570

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996	Form A For use by Members, officers, and employees

97 MAY 15 PM 5:33
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U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Gary L. Ackerman
(Full Name)

2243 Rayburn
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2601

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Gary L. Ackerman

DATE (Month/Day/Year)

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Pride of Judea Mental Health Center	Spouse compensation	N/A
	Spouse private practice	Spouse compensation	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(a) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Magellan	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	
	Fidelity Spartan NY Hi	$50,001 - $100,000	Capital Gains and Dividends	$2,501 - $5,000	
	News Communications, Inc., Common Stock	$1,000,001 - $5,000,000	Capital Gains	$50,001 - $100,000	PARTIAL SALE
	IRA–Family Management Corp.	$50,001 - $100,000	NA	NA	
	IRA–Nationwide	$15,001 - $50,000	NA	NA	
SP	IRA–Nationwide	$15,001 - $50,000	NA	NA	
	Congressional Federal Credit Union	None - $1,000	Interest	None - $200	
JT	Melrose Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	
	ACB Publications (1/3 interest)	$15,001 - $50,000	Capital Gains	None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	ASSET	VALUE	TYPE	AMOUNT	TRANSACTION
	Hawaiian Gardens Condominium, Lauderdale Lakes, FL	None		No Capital Gain	S
	Multi-Media Advertising, Inc./Flushing Tribune, Inc.	$15,001 - $50,000	(See agreements)		
	Citibank (various)	$1,001 - $15,000	Interest	None - $200	
	Collagenesis, Inc., stock	$15,001 - $50,000	Capital Gains	None - $200	P
	Hi-Low Stock Club	$1,001 - $15,000	Capital Gains	None - $200	
JT	Pershing/Alliance Cash	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Fidelity Advisor Global Natural Resource	$1,001 - $15,000	Dividends and Capital Gains	$201 - $1,000	P
JT	Fidelity Advisory Growth Opportunities CL T	$1,001 - $15,000	Dividends and Capital Gains	$201 - $1,000	P
JT	John Hancock Regional Bank Fund CL T	$15,001 - $50,000	Dividends and Capital Gains	$201 - $1,000	P
JT	Massachusetts Financial Emerging Growth TR	$1,001 - $15,000	Capital Gains	None - $200	P
JT	Oppenheimer Main Street Income and Growth C	$15,001 - $50,000	Dividends and Capital Gains	$1,001 - $2,500	P
JT	Seligman Frontier Fund, Inc., Class D	$1,001 - $15,000	Dividends and Capital Gains	$201 - $1,000	P
JT	United States Treasury Notes, 6.5%, due 5/15/97	$15,001 - $50,000	Interest and Capital Gains	$1,001 - $2,500	S
JT	United States Treasury Notes, 6.0%, due 6/30/96	None - $1,000	Interest	$1,001 - $2,500	S
JT	Pershing/Alliance Cash	None - $1,000	Interest	None - $200	
JT	Fidelity Advisor Growth Opportunities CL T	$1,001 - $15,000	Dividends and Capital Gains	$201 - $1,000	P
JT	Fidelity Advisor Mid Cap Stock CL T	$1,001 - $15,000	Dividends	None - $200	P
JT	Fidelity Advisor Overseas	$1,001 - $15,000	Dividends and Capital Gains	$201 - $1,000	P, S
JT	John Hancock Regional Bank Fund CL B	$1,001 - $15,000	Dividends and Capital Gains	$201 - $1,000	P
JT	Seligman Frontier Fund, Inc., Class D	$1,001 - $15,000	Dividends and Capital Gains	$201 - $1,000	P
JT	United States Treasury Bills, due 2/8/96	None - $1,000	Interest	$201 - $1,000	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	News Communications, Inc., stock, partial sale	Sold	6/12/96	$100,001 - $250,000
JT	Hawaiian Gardens Condominium, Lauderdale Lakes, FL	Sold	7/15/96	$15,001 - $50,000
	Collagenesis, Inc. , stock	Purchase	10/1/96	$15,001 - $50,000
JT	Fidelity Advisor Global Natural Resource	Purchase	12/10/96; purchase under $1000	
JT	Fidelity Advisor Growth Opportunities CL T	Purchase	1/17/96	$1,001 - $15,000
JT	Fidelity Advisor Growth Opportunities CL T	Purchase	12/10/96, purchase under $1000	
JT	John Hancock Regional Bank Fund CL B	Purchase	3/26/96; 6/25/96; 9/25/96; 12/26/96; purchases total under $1000	
JT	Massachusetts Financial Emerging Growth TR	Purchase	6/26/96; 12/26/96	$1,001 - $15,000
JT	Oppenheimer Main Street Income and Growth C	Purchase	3/27/96; 6/18/96; 9/16/96; 12/13/96	$1,001 - $15,000
JT	Seligman Frontier Fund, Inc., Class D	Purchase	11/25/96; purchase under $1000	
JT	United States Treasury Notes, 6.5%, due 5/15/97	Sold	11/18/96	$15,001 - $50,000
JT	United States Treasury Notes, 6.0%, due 6/30/96	Sold	Notes matured 6/30/96	$15,001 - $50,000
JT	Fidelity Advisor Growth Opportunities CL T	Purchase	2/12/96	$1,001 - $15,000
JT	Fidelity Advisor Growth Opportunities CL T	Purchase	12/10/96; purchase under $1000	
JT	Fidelity Advisor Mid Cap Stock CL T	Purchase	4/22/96; 12/24/96	$1,001 - $15,000
JT	Fidelity Advisor Overseas	Purchase	12/10/96; purchase under $1000	
JT	John Hancock Regional Bank Fund CL B	Purchase	2/12/96; 3/26/96; 6/25/96; 9/25/96; 12/26/96	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Seligman Frontier Fund, Inc., Class D	Purchase	11/25/96; purchase under $1000	
JT	Fidelity Advisory Overseas	Purchase	11/20/96	$1,001 - $15,000
JT	United States Treasury Bills, due 2/8/96	Sold	Bills matured 2/8/96	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Fidelity Investments	Margin account	$15,001 - $50,000
	Citibank	Checking Plus	$15,001 - $50,000
	Various credit cards	Revolving credit	$15,001 - $50,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For fudher information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Director	News Communications, Inc.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
5/15/89	Tribco/Queens Tribune/Multi-Media/ Michael Schenkler	Gary L. Ackerman to continue to receive proportionate share of the assets, including the accounts receivable, of the Flushing Tribune, Inc., and Multi-Media, Inc., until all assets are paid.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Robert Brown Aderholt
(Full Name)

Post Office Box 323
(Mailing Address)

Daytime Telephone

Haleyville, Alabama 35565-0323

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama District: 4th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert B. Aderholt

DATE (Month/Day/Year): 5/15/97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Alabama	Salary	$ 6,921
	City of Haleyville	Salary	5,508
	Nailfast, Inc.	Salary - Retainer	5,200
	Lowe, Mobley & Lowe	Legal Fees	17,489
	Alabama Civil Justice Reform	Spouse Consulting Fees	6,000
	Economic Development Partnership	Spouse Consulting Fees	10,362

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9
Robert Brown Aderholt	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1996	$2,000
XYZ Magazine	Article	Aug 13, 1996	$500
N/A			

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Name Robert Brown Aderholt

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction
SP	*Examples:* SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Traders & Farmers Bank accounts		X												X				X										
	Bedford Money Market Portfolio		X										X						X										
	Common Stock, Ivax Corp.		X										X						X										
	Common Stock, VLSI Technology, Inc.		X										X						X										
	Common Stock, Telefonis DeMexico SA		X										X						X										
	Common Stock, H & Q Healthcare Fund		X										X							X									S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Brown Aderholt

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
JT	Common Stock, Navistar International Co		X										X						X										
JT	Common Stock, Allied Signal, Inc.				X								X							X									
	60 Acres Land, Hoggleridge Road, Haleyville AL			X										Coal Royalties										X					
	Commercial Building, Hwy 5 South, Haleyville AL						X																	X					
	IRA - Traders & Farmers Bank		X												X				X										
	IRA - NYLife Securities, Inc.		X										X						X										
	IRA - New York Life Insurance Company		X												X				X										
SP	86.14 Acres Land, 6800 Madison Pike Huntsville, AL					X										X			X										
SP	58.17 Acres Land, 6802 Madison Pike Huntsville, AL			X												X			X										
	Community Bank		X												X				X										P

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SCHEDULE IV — TRANSACTIONS

Name Robert Brown Aderholt | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	N/A														

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Name Robert Brown Aderholt | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Julious Brown Estate	Mortgage on 2nd Home, Montgomery, AL (not principal residence)			X							
	Traders & Farmers Bank	Personal Loan				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Employee	Nailfast, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:37
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U.S. HOUSE OF REPRESENTATIVES
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MC
(Office Use Only)

THOMAS H. ALLEN
(Full Name)

17 FAIRMOUNT ST
PORTLAND ME 04103
(Mailing Address)

202 225-6116
Daytime Telephone
207 774-5019

Filer Status	[X] Member of the U.S. House of Representatives — State: MAINE District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas H. Allen

DATE (Month/Day/Year): 5/15/97

Name THOMAS H. ALLEN	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CLEAN CASCO BAY, INC	DIRECTOR'S FEE	1,909
	CITY OF PORTLAND SCHOOLS	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name THOMAS H. ALLEN | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	AMERICAN MUTUAL FUND				X								X			X					X								
	MAINE MUNICIPAL BOND BK REV 11/1/02		X												X				X										
	MAINE ST. BOND 12/15/02		X												X				X										
	MERRILL LYNCH VENTURE PARTNERS LP		X										X			X			X										
	245 COMMERCIAL ST PORTLAND ME (5.897% INTEREST)					X								X					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS H. ALLEN

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	DRUMMOND WOODSUM PS PLAN AND TRUST W/ UMB BANK OF KANSAS CITY MO					X							N/A																
	ICMA RETIREMENT CORP		X										N/A																

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SCHEDULE IV — TRANSACTIONS

Name THOMAS H. ALLEN | Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	MAINE HEALTH + HEF AUTH REV BOND		X		10/1/96	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	FLEET BANK OF MAINE	MORTGAGE ON 245 COMMERCIAL ST. PORTLAND ME (5.897% SHARE)				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to e spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name THOMAS H. ALLEN	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	BOWDOIN COLLEGE (TERM EXPIRED 5/10/97)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

THOMAS H. ALLEN
1ST DISTRICT OF MAINE
1630 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6116
234 OXFORD STREET
PORTLAND, ME 04101
(207) 774-5019

INSIDE MAIL

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97 JUN 13 PM 3:40

COMMITTEE ON NATIONAL SECURITY
SUBCOMMITTEES
MILITARY PROCUREMENT
MILITARY RESEARCH AND DEVELOPMENT
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT
SUBCOMMITTEES
DISTRICT OF COLUMBIA
HUMAN RESOURCES
DEMOCRATIC STEERING AND POLICY COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515–1901

June 13, 1997

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COMMITTEE ON STANDARDS

1
✓
MC

Mr. David Laufman
Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2 Capitol
Washington, DC 20515

Dear Mr. Laufman:

This will amend Schedule IV-Transactions of my Financial Disclosure Statement for Calendar Year 1996.

The following assets were sold from my self-directed pension account with Fleet Bank on January 27, 1997, before the pension assets were transferred to an account with UMB Bank that is not self-directed:

- 224 shares of Bell South Corp
- 38 shares of Lucent Techologies Inc
- 120 shares of AT&T Co
- 484 units of Van Kampen American Pace Fund - Class A

The proceeds of each of the above transactions were between $1,001.00 and $15,000.00.

If you have any questions, please contact me at x56116.

Sincerely,

Tom Allen

Thomas H. Allen
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 13 PM 4:05

U.S. HOUSE OF REPRESENTATIVES

MAY 15 1997

MC

(Office Use Only)

Robert E. Andrews
(Full Name)

215 Fourth Avenue
(Mailing Address)

(609) 546-5100
Daytime Telephone

Haddon Heights, New Jersey 08035

Filer Status	[X] Member of the U.S. House of Representatives	State: NJ District: 1	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [xx]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: X Robert E. Andrews

DATE (Month/Day/Year): 5/15/97

Name	Page 1 of 8
Robert E. Andrews	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Dilworth, Paxson, Kalish and Kauffman	Spouse Salary	NA
	Rutgers - The State University of New Jersey	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page
Robert E. Andrews	2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D C	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

Page 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Olive B. Andrews Testamentary Trust (50% remainder interest in Life Estate) NOTE: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings in the trust.			X													X		X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert E. Andrews

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Mellon Bank Checking Account		X												X					X									
JT	PNC National Bank Checking Account		X												X					X									
SP	Stock - GTE		X										X							X									
SP	Stock - Atlantic Energy		X										X							X									
JT	Dean Witter Money Market Account			X											X					X									
JT	1105 Creek Road, Bellmawr NJ 08031				X								Inherited from the Estate of Josephine Andrews (Mother)																

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Robert E. Andrews

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	N/A														

This page may be copied if more space is required.

Name Robert E. Andrews

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Public Broadcasting System (PBS)	Oct. 19	Phila - Lewisburg, PA - Phila.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

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Use additional sheets if more space is required.

BILL ARCHER
7TH DISTRICT, TEXAS

CHAIRMAN
WAYS AND MEANS
COMMITTEE

JOINT COMMITTEE
ON TAXATION

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 6:28

Congress of the United States
House of Representatives

WASHINGTON OFFICE
1236 LONGWORTH
HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4307
(202) 225-2571
FAX (202) 225-4381

DISTRICT OFFICE
10000 MEMORIAL DRIVE, SUITE 620
HOUSTON, TX 77024-3490
(713) 682-8828
FAX (713) 680-8070

(9)

May 15, 1997

MC

Honorable Robin H. Carle
Clerk of the House
H-154, The Capitol
Washington, D.C. 20515

Dear Ms. Carle:

I would appreciate your assistance in making the enclosed copy of my voluntary December 31, 1996 Financial Statement part of my permanent record along with the enclosed Financial Disclosure Statement for 1996, which is required by law.

Thank you very much, and with best wishes

Sincerely,

Bill Archer

Bill Archer
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

FINANCIAL STATEMENT - WILLIAM R. ARCHER, JR. - DECEMBER 31, 1996

ASSETS

Cash (Cong. Credit Union Acct.)		7,000.00
Cash (Crestar Bank)		49,187.00
Merrill Lynch Cash Management Acct.		359,368.00
Merrill Lynch Cash Management Acct.		76,471.00
I.R.A. (USAA)		144,635.00
Life Insurance Cash Value		9,300.00
Federal Government Retirement Fund		115,859.00
FERS Thrift Savings		81,263.00
Securities (Market Value 12-31-96)		
1330 shares U.S. Life @ 33.25		44,222.00
300 shares Halliburton @ 60.25		18,075.00
108 shares Entergy @ 27.60		2,980.00
114 shares Amerada Hess @ 58.00		6,612.00
15,000 shares Caithness Alaska Gold Ltd @ .62 (at cost)		9,300.00
30 shares Highland Insurance @ 20.25		607.00
400 shares Microsoft @ 82.60		33,040.00
700 shares Intel @ 131.00		91,700.00
1980 shares Bank of Tanglewood @ 10.00		19,800.00
300 shares Atlantic Richfield @ 129.50		38,850.00
$30,000 U.S. EE Savings Bonds (at cost)		15,000.00
Treasury Securities		124,984.00
USAA Mutual Fund		108,536.00
PaineWebber CashFund		120,739.00
Municipal Bonds		136,555.00
26.1% Interest in Archer Associates - Partnership (Estimate - awaiting Partnership Financial Statement - Partnership in Liquidation)		167,224.00
Real Estate:		989,167.00
Investment Equities - Houston Real Estate (at cost less depreciation)	48,351.00	
Townhouse, Houston, TX (at cost w/spouse)	127,731.00	
House & Lot, Arlington, VA (at cost & improvements w/ spouse)	461,133.00	
House & Acreage - Page County, VA (at cost)	351,952.00	
Mineral Royalty Interest, San Juan, New Mexico (at cost)		2,000.00
1987 Dodge Truck		2,500.00
1990 Ford Taurus		3,000.00
1993 Ford Taurus Station Wagon		11,000.00
Coin Collection (at cost)		16,326.00
TOTAL ASSETS		$2,805,300.00
TOTAL LIABILITIES		00.00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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William R. Archer, Jr.
(Full Name)

1236 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202)225-2571

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 07	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: William R. Archer Jr.

DATE (Month/Day/Year): 5-15-97

Name William R. Archer, Jr. | Page 2 of 7

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
American Assn. of Life Underwriters	Speech	3-6-96	$ 2,000
America's Community Bankers	Speech	3-13-96	$ 2,000
National Apartment Association	Speech	3-19-96	$ 1,000
Tax Executives Institute	Speech	3-20-96	$ 2,000
Great Western	Speech	6-11-96	$ 1,000
			$
			$

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Cong. Fed. Credit Union	$1,001 - $15,000	Interest	None - $200	NA
JT	Crestar Bank	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
SP	Crestar Bank	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	Charles Schwab & Co. - IRA	$1,001 - $15,000	Interest	None - $200	NA
	U.S. Life - Stock	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
	Halliburton - Stock	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Entergy - Stock	$1,001 - $15,000	Dividends	None - $200	NA
	Amerada Hess - Stock	$1,001 - $15,000	Dividends	None - $200	NA
	Caithness Alaska Gold Ltd.	$1,001 - $15,000	None	None - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Highland Insurance - Stock	None - $1,000	Dividends	None - $200	Spinoff of Halliburton
	Microsoft - Stock	$15,001 - $50,000	Dividends	None - $200	Inherited
	Intel- Stock	$50,001 - $100,000	Dividends	None - $200	Inherited
	Bank of Tanglewood - Stock	$15,001 - $50,000	None	None - $200	P
	Atlantic Richfield - Stock	$15,001 - $50,000	Dividends	$201 - $1,000	Inherited
	US EE Savings Bonds	$1,001 - $15,000	None	None - $200	NA
	Treasury Securities	$100,001 - $250,000	Interest	$5,001-15,000	P & S
	USAA Mutual Fund	$100,001 - $250,000	Dividends	$2,501 - $5,000	NA
	PaineWebber Cashfund	$100,001 - $250,000	Interest	$1,001 - $2,500	NA
	Municipal Bond - Houston (Paine Webber Acct.)	$15,001 - $50,000	Interest	None	P
	Municipal Bond - Texas (Paine Webber Acct.)	$50,001 - $100,000	Interest	$1,001-2,500	P
JT	Townhouse - Houston, TX	$100,001 - $250,000	Rent	$201 - $1,000	NA
	Archer Associates - Family Partnership *	$100,001 - $250,000	Dividends & Interest	$5,001-15,000	Distributions - in liquidation
	San Juan, NM - Mineral Royalty Interest	$1,001 - $15,000	Interest	$2,501 - $5,000	NA
	Merrill Lynch CMA Acct. #1	$250,001 - $500,000	Dividends	$2,501 - $5,000	NA
JT	Merrill Lynch CMA Acct. #2	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA
	Real Estate Partnership-Houston Westwood Shopping Ctr. 1/5% Interest	$1,001 - $15,000	Interest	$5,001 - $15,000	NA
	Real Estate Partnership-Houston Meadowlake Estates 6 25% Interest	$1,001 - $15,000	None	None - $200	NA
	Real Estate Partnership-Houston Howard Chen	$15,001 - $50,000	None	None	NA
	USAA - IRA	$100,001 - $250,000	Interest	$2,501 - $5,000	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Municipal Bond - Houston	Purchase	12-19-96	$15,001 - $50,000
	Municipal Bond - Texas	Purchase	4-1-96	$50,001 - $100,000
	U.S Treasury Security	Purchase	12-19-96	$15,001 - $50,000
	U.S Treasury Security	Sold	6-27-96	$50,001 - $100,000
	U S Treasury Security	Purchase	7-5-96	$50,001 - $100,000
	Highland Insurance - Stock	Spinoff	1-23-96	Under $1,000
JT	Bank of Tanglewood - Stock	Purchase	10-10-96	$15,001 - $50,000
	Archer Associates - Partnership	Distributions - in liquidation	Multiple Dates	$250,001 - $500,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Asia Pacific Exchange Foundation (USIA approved exchange)	Nov. 6 - 17	Houston - P.R.C.-Singapore-D.C.	Y	Y	Y	
Arizona State University	Feb. 13 - 14	Houston - Phoenix, AZ - D.C.	Y	Y	Y	

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Director	Houston Society for the Prevention of Cruelty to Animals
Partner	Archer Associates Partnership

CONGRESSMAN DICK ARMEY
26TH DISTRICT, TEXAS

MAJORITY LEADER

H-329 The Capitol
Washington, DC 20515
(202) 225-4000

110.

MC

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Congress of the United States
House of Representatives
Washington, DC 20515–6502

May 9, 1997

The Honorable Robin Carle
H-154 The Capitol
Washington, D.C. 20515

Dear Robin,

In preparing my Financial Disclosure Form, I became aware of an apparent lapse in filing a Member Travel Disclosure Form from 1996.

On November 23, 1996 I went to California to receive an award from The Claremont Institute. My staffer, Tyler Storey accompanied me. Immediately after the ceremony, we took a flight back to Washington, D.C.

Accompanying this letter are the disclosure forms for Tyler and myself from the California trip that Rule 51 of the House requires of Members and employees.

Thank you for accepting these forms. Please feel free to contact me if you need any additional information.

Respectfully,

Dick Armey

DICK ARMEY
Member of Congress

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Richard K. Armey
(Full Name)

9456 East Valley Ranch Pkwy.
(Mailing Address)

Irving, Texas 75063

Daytime Telephone: 202/225-4000

Filer Status	[X] Member of the U.S. House of Representatives — State: Texas, District: 26	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Dick Armey

DATE (Month/Day/Year) May 15, 1997

Name	Page 2 of 6
Richard K. Armey	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	First Ladies Prayer Brunch (Sept. 9)	Spouse Speech	$500

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page
Richard K. Armey	3 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
Orange County Register	Article	Jan. 14, 1996	$100

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard K. Armey

Page 4 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.						X						X										X				
			1st Bank of Paducah, KY accounts				X									X						X							
	TIAA - Teacher's Retirement						N/A							Pension								X							
	Congressional Federal Credit Union			X												X				X									

For additional assets and unearned income, use next page.

Name Richard K. Armey

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgaga on 123 Main St., Dover, Del.				X						
	Wells Fargo	Line of Credit		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, qr a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Claremont Institute (speech/award)	Nov. 23	Wash., DC-Beverly Hills RT	Y	Y	N	N
	First Ladies Prayer Brunch (spouse speech)	Sept. 9	Wash., DC - Asheville, NC RT	N	Y	N	N

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CONGRESSMAN DICK ARMEY
26TH DISTRICT, TEXAS

MAJORITY LEADER

H-329 THE CAPITOL
WASHINGTON, DC 20515
(202) 225-4000

97 JUN 12 PM 4:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515–6502

HAND DELIVERED

June 12, 1997

The Honorable Robin H. Carle
Clerk of the House
U.S. House of Representatives
Washington, D.C. 20515

1
MC

Dear Robin,

I would like to include an explanation with my 1996 Financial Disclosure statement.

As you know, under the amended provisions of Rule 47 regarding the receipt of copyright royalties by Members of Congress, Members may not receive any financial benefit from the sale of a book until royalties are earned. Accordingly, the publisher's advance payment for my book *The Flat Tax* was placed in an escrow account held by my literary agent. In 1996, none of the money in that account was transferred to me. However, I would like to record that approximately $45,000 from the account was disbursed to others to cover costs associated with the book. This includes travel and payments to my agent and a researcher/editor.

This arrangement was approved in advance by the Committee on Standards. A copy of a letter from the committee is attached.

Respectfully,

Dick Armey

DICK ARMEY
Member of Congress

PRINTED ON RECYCLED PAPER

CONGRESSMAN DICK ARMEY
26TH DISTRICT, TEXAS

MAJORITY LEADER

97 JUN 12 PM 4:45

H-329 THE CAPITOL
WASHINGTON, DC 20515
(202) 225-4000

Congress of the United States

House of Representatives

Washington, DC 20515–6502

HAND DELIVERED

June 12, 1997

The Honorable Robin Carle
Clerk of the House
U.S. House of Representatives
Washington, D.C. 20515

1 ✓
MC

Dear Robin,

I would like to make an amendment to my Financial Disclosure statements. From 1985 to 1996 I have reported on Schedule III a pension plan from Teachers Insurance and Annuity Association-College Retirement Equity Fund (TIAA) that I receive as retirement benefits after twenty years of teaching.

It has come to my attention that this fund should be reported on Schedule I as earned income. Please make note to my disclosure reports during these years as follows:

Teachers Insurance and Annuity Association	Pension	$2004.00

Thank you for your attention to this request. Please feel free to contact me personally if you need any additional information.

Respectfully,

Dick Armey

DICK ARMEY
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 4:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(11)

Spencer T. Bachus, III
(Full Name)

442 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-4921

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama Distrct: Sixth	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attech Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U. S. House of Representatives	Salary	$126,920

For payments to charity in lieu of honoraria, use Schedule II.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Spencer T. Bachus, III

Page 1 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock					X							X							X									P
Examples:	123 Main St., Dover, Del.							X						X											X				
Examples:	1st Bank of Paducah, KY accounts						X								X							X							
	Regions Bank, Birmingham, AL	X													X				X	(Formerly First Alabama Bank)									
	J.C. Bradford Co., Mobile, AL	X														X			X										
	4821 12th Ave No., Bham, AL			X										X								X							
	Colsten Druid Hill Dr., Bham, AL		X											X								X							
	3437 28th Place No., Bham, AL		X											X								X							
	1213 Impala Drive, Bham, AL			X										X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	2612 Janice Circle, Bham, AL				X									X							X							
	Civic Center Prof. Bldg., Bham, AL					X								X								X						
	Note Receivable, Richard & Kathy Patzke, 1237 Branchwater, Bham, AL				X										X								X					
SP	AmSouth Bank, Birmingham, AL		X												X			X										
SP	Smith Barney							X					X		X									X				
	Congressional Fed Cr. Union, DC	X													X			X										
SP	Fidelity Cash Reserve			X									X							X								
SP	Commercial Investment, Ptr				X												X*				X							
SP	Southwood Enterprises, Ptr					X											X*						X					

* Ptr. Passive Income

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Page 1 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
SP	Baker International Corp. Debs		X		2/16/96		X								
SP	Bankers Trust NY Corp. Notes	X			2/26/96			X							
SP	Chase Manhattan Corp. Notes	X			2/14/96			X							
SP	Conseco Inc. Sr Notes	X			2/14/96			X							
SP	UTS Govt Secs Fd		X		2/14/96				X						
SP	PFL Ins Co	X			2/14/96			X							
SP	PFL Ins Co	X			9/18/96			X							
SP	Public Storage Inc.	X			2/14/96			X							
SP	Salomon Inc. Nts	X			2/14/96			X							
SP	TCI Communications Inc.	X			2/14/96			X							
SP	Textron Capital PFD	X			2/14/96		X								
	Put Nasdq 10 May CBOE	X			5/2/96	X									
	Put Nasdq 10 May CBOE		X		5/8/96	X									
	Put Coca Cola Co.	X			11/21/96	X									
	Put Coca Cola Co.		X		1/5/96	X									
	Put Coca Cola Co.	X			5/17/96	X									

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Name Spencer T. Bachus, III

Page 2 of 3

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Put Coca Cola Co.	X			4/30/96	X									
	Put Coca Cola Co.	X			7/12/96	X									
	Call Johnson & John	X			1/3/96	X									
	Call Johnson & John		X		1/5/96	X									
	Put S&P 500 Indx	X			3/6/96	X									
	Put S&P 500 Indx		X		3/8/96	X									
	Put Presstek Inc.	X			6/26/96	X									
	Put Presstek Inc.	X			7/12/96	X									
	Put S&P 100 Indx	X			2/9/96	X									
	Put S&P 100 Indx		X		2/16/96	X									
	Put S&P 100 Indx	X			2/23/96	X									
	Put S&P 100 Indx		X		2/26/96	X									
	Put S&P 100 Indx	X			1/5/96	X									
	Put S&P 100 Indx	X			1/31/96	X									
	Put S&P 100 Indx	X			3/11/96	X									
	Put S&P 100 Indx	X			3/11/96	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Page 3 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Put S&P 100 Indx	X			5/8/96	X									
	Put S&P 100 Indx	X			4/30/96	X									
	Put S&P 100 Indx		X		6/3/96	X									
	Put S&P 100 Indx	X			6/7/96	X									
	Put S&P 100 Indx	X			6/7/96	X									
	Put S&P 100 Indx		X		6/26/96	X									
	Put S&P 100 Indx	X			10/17/96	X									
	Put S&P 100 Indx		X		10/28/96	X									
	Put S&P 100 Indx	X			11/11/96	X									
	Put S&P 100Indx	X			11/15/96	X									
	Put S&P 100 Indx		X		6/3/96	X									
	Put S&P 100 Indx	X			7/5/96	X									
	Put S&P 100 Indx		X		7/11/96	X									

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Name Spencer T. Bachus, III | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Regions Bank	Mortgage Civic Center Prof. Bldg.			X							
	Compass Bank	Mortgage Rental Properties			X							
	Regions Bank	Mortgage Branchwater Property			X							
	AmSouth Mortgage Co.	Mortgage Maryland Ave			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Heritage Foundation/ Empower America	Jan 25-26	DC - Baltimore - DC	Y	Y	Y	N
Miami Congressional Workshop	Feb 2-4	Bham - Miami - Bham	Y	Y	Y	N
Association of American RRs	Apr 9-14	Bham - Pebble Beach - Bham	Y	Y	Y	N
Regional Railroads of America	Jul 26-28	DC - Wh Sulphur Spr - DC	Y	Y	Y	N
National Committee on US/China Relations	Nov 30 - Dec 10	Bham - Beijing - DC	Y	Y	Y	N

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Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

GPO. 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN 12 PM 5:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

12

(Office Use Only)

Spencer T. Bachus, III
(Full Name)

442 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-4921

Filer Status	[X] Member of the U.S. House of Representatives	State District: Alabama Sixth	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
June 12 1997

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U. S. House of Representatives	Salary	$126,920

For payments to charity in lieu of honoraria, use Schedule II.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb 2, 1996	$2,000
Examples XYZ Megazine	Article	Aug 13, 1996	$500
N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Spencer T. Bachus, III

Page 1 of 3

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Regions Bank, Birmingham, AL	X													X				X	(Formerly First Alabama Bank)									
	J.C. Bradford Co., Mobile, AL	X														X			X										
	4821 12th Ave No., Bham, AL			X										X								X							
	Coleten Druid Hill Dr., Bham, AL		X											X								X							
	3437 28th Place No., Bham, AL		X											X								X							
	1213 Impala Drive, Bham, AL			X										X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

Page 2 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	2612 Janice Circle, Bham, AL				X									X								X							
	Civic Center Prof Bldg., Bham, AL					X																							
	Lease/Purchase, Richard & Kathy Patzke, 1237 Branchwater, Bham, AL				X										X									X					CLOSED 1997
SP	AmSouth Bank, Birmingham, AL		X												X				X										
SP	Smith Barney Custodial Account																												
	Money Market			X									X								X								
	PFL Insurance Co.					X							X										X						
	Public Storage Inc.				X								X									X							
	TCI Communications Inc.			X									X									X							
	Textron Capital 7.92% PFD			X									X									X							
	Lehman Brothers Hlds Inc.			X											X							X							
	Union Carbide Chemicals/Plastics				X										X							X							
	Heller Fin'l Inc.			X											X							X							
	U.S. Treasury - Strips					X									X								X						
	Bankers Trust NY Corp Notes			X											X							X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

Page 3 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Smith Barney - Continued:																												
	Conseco Inc. Sr. Notes				X										X								X						
	Bank America Corp. Notes			X											X							X							
	Salomon Inc. MT SR Notes				X										X								X						
	General Motors Notes			X											X							X							
	Chase Manhattan Corp MT Notes			X											X							X							
	~~Fidelity IRA~~																												
	Fidelity Magellan			X									X									X							
	Fidelity Growth & Income			X									X								X								
	Fidelity Cash Reserves		X										X						X										
	Fidelity Equity Inc. II		X										X							X									
	Congressional Fed Cr Union, DC	X													X				X										
SP	Fidelity Cash Reserve			X									X								X								
SP	Real Estate Partnership Commercial Investment				X							X*										X							
SP	Southwood Enterprises, Ptr					X						X*												X					

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*Ptr. Passive Income

SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Page 1 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
SP	Baker International Corp. Debs		X		2/16/96		X	(Purchased in 1994 prior to marriage.)							
SP	Bankers Trust NY Corp. Notes	X			2/26/96			X							
SP	Chase Manhattan Corp. Notes	X			2/14/96			X							
SP	Conseco Inc. Sr Notes	X			2/14/96			X							
SP	UTS Govt Secs Fd		X		2/14/96				X						
SP	PFL Ins Co	X			2/14/96			X							
SP	PFL Ins Co	X			9/18/96			X							
SP	Public Storage Inc.	X			2/14/96			X							
SP	Salomon Inc. Nts	X			2/14/96			X							
SP	TCI Communications Inc.	X			2/14/96			X							
SP	Textron Capital PFD	X			2/14/96		X								
	Put Nasdq 10 May 645	X			5/2/96	X									
	Put Nasdq 10 May		X		5/8/96	X									
	Put Coca Cola Co. Jan 50	X			11/21/96	X									
	Put Coca Cola Co. Feb 80		X		1/5/96	X									
	Put Coca Cola Co. Aug 45	X			5/17/96	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Page 2 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock		X			10-12-96		X								
	Put Coca Cola Co.	Aug 80	X			4/30/96	X									
	Put Coca Cola Co.	Nov 45	X			7/12/96	X									
	Call Johnson & John	Apr 85	X			1/3/96	X									
	Call Johnson & John	Apr 85		X		1/5/96	X									
	Put S&P 500 Indx	Mar 645	X			3/6/96	X									
	Put S&P 500 Indx	Mar 645		X		3/8/96	X									
	Put Presstek Inc.	Jul 45	X			6/26/96	X									
	Put Presstek Inc.	Oct 60	X			7/12/96	X									
	Put S&P 100 Indx	Feb 625	X			2/9/96	X									
	Put S&P 100 Indx	Feb 625		X		2/16/96	X									
	Put S&P 100 Indx	Mar 610	X			2/23/96	X									
	Put S&P 100 Indx	Mar 610		X		2/26/96	X									
	Put S&P 100 Indx	Mar 555	X			1/5/96	X									
	Put S&P 100 Indx	Apr 555	X			1/31/96	X									
	Put S&P 100 Indx	Apr 590	X			3/11/96	X									
	Put S&P 100 Indx	Apr 590	X			3/11/96	X									

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Name Spencer T. Bachus, III

Page 3 of 3

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	Put S&P 100 Indx Jun 590	X			5/8/96	X									
	Put S&P 100 Indx Jun 630	X			4/30/96	X									
	Put S&P 100 Indx Jun 630		X		6/3/96	X									
	Put S&P 100 Indx Jun 640	X			6/7/96	X									
	Put S&P 100 Indx Jul 620	X			6/7/96	X									
	Put S&P 100 Indx Jul 620		X		6/26/96	X									
	Put S&P 100 Indx Nov 685	X			10/17/96	X									
	Put S&P 100 Indx Nov 685		X		10/28/96	X									
	Put S&P 100 Indx Dec 705	X			11/11/96	X									
	Put S&P 100Indx Dec 715	X			11/15/96	X									
	Put S&P 100 Indx Jun 590		X		6/3/96	X									
	Put S&P 100 Indx Sep 600	X			7/5/96	X									
	Put S&P 100 Indx Sep 600		X		7/11/96	X									

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Name Spencer T. Bachus, III | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Regions Bank	Mortgage Civic Ctr Prof Bldg			X							
	Compass Bank	Mortgage Rental Properties			X							
	Regions Bank	Mortgage Branchwater			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Heritage Foundation/ Empower America	Jan 25-26	DC - Baltimore - DC	Y	Y	Y	N
Miami Congressional Workshop	Feb 2-4	Bham - Miami - Bham	Y	Y	Y	N
Association of American RRs	Apr 9-14	Bham - Pebble Beach - Bham	Y	Y	Y	N
Regional Railroads of America	Jul 26-28	DC - Wh Sulphur Spr - DC	Y	Y	Y	N
National Committee on US/China Relations	Nov 30 - Dec 10	Bham - Beijing - DC	Y	Y	Y	N

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Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1997 38-554 (mec)

Use additional sheets if more space is required

(1)

97 MAY 14 PM 2:06

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Henry Scott Baesler
(Full Name)

5722 Athens Boonesboro Road
(Mailing Address)

Lexington KY 40509

Daytime Telephone: (202)225-4706

Filer Status	[X] Member of the U.S. House of Representatives	State KY Distnct 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more tha 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? ***If yes, complete and attach Schedule I.***	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? ***If yes, complete and attach Schedule VI.***	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? ***If yes, complete and attach Schedule II.***	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? ***If yes, complete and attach Schedule VII.***	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? ***If yes, complete and attach Schedule III.***	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? ***If yes, complete and attach Schedule VIII.***	Yes [X] No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? ***If yes, complete and attach Schedule IV.***	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? ***If yes, complete and attach Schedule IX.***	Yes [ ] No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? ***If yes, complete and attach Schedule V.***	Yes [X]	No [ ]	***Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.***	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL H. Scott Baesler

DATE (Month/Day/Year) 5-14-97

Name Henry Scott Baesler	Page 2 of 7

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. Congressman	Salary	$133,600
	Farm Income (sale of crops & livestock)	Spouse	N/A
	Kentucky Department of Agriculture	Spouse	N/A
	State of Kentucky	Mayoral Pension	$3924

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. ***Exclude:*** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Cash-Bank Accounts - Central Bank & Trust Co., Vine Street, Lexington, KY	$15,001 - $50,000	Interest	None - $200	
	Cash-Bank Accounts - Bank One, Main Street, Lexington, KY	$1,001 - $15,000	Interest	None - $200	
	Cash-Bank Accounts - Republic Bank, Alumni Drive, Lexington, KY	$1,001 - $15,000	Interest	None - $200	
	Household & Farm Property & Livestock, Athens Boonesboro Road, Lexington, KY	$100,001 - $250,000	Capital Gains	$5,001 - $15,000	
	House - Lot - 5722 Athens Boonesboro Road	$100,001 - $250,000		None	
	Farm - 2 Houses - Athens Boonesboro - 50 acres	$250,001 - $500,000	Rent	$5,001 - $15,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	House - 20 acres - Athens Boonesboro Rd., Lexington, KY - Cane Brake	$100,001 - $250,000		None	
	One-half ownership in 295 Acre Development - 10 Acre Building Lots - Athens Boonesboro Rd., Lexington, KY 40509	$1,000,001 - $5,000,000		None	
	Tobacco Proceeds - Gross	None	Sale Proceeds	$50,001 - $100,000	
	Sale Contract - 2 commercial lots, Athens Boonesboro - Days Inn, Lexington	$100,001 - $250,000	Capital Gains	$5,001 - $15,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Sale -- House -- 3561 King Arthur Drive, Lexington, KY	Sold	4/1/96	$50,001 - $100,000

Name Henry Scott Baesler	Page 6 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. ***Exclude:*** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Central Bank - Lexington, KY	Open Notes	$15,001 - $50,000
	Mary Margaret Terrell, Lexington, Ky	Mortgage on 295 Acre Development	$250,001 - $500,000
	Roberts Woods, Lexington, KY	Note - Development Cane Brake	$250,001 - $500,000
	Bank One, Lexington, KY	Mortgage - Commercial Lots on Athens Boonesboro Road	$50,001 - $100,000
	Central Bank - Lexington, KY	Mortgages on House - Lot - 5722 Athens Boonesboro - Farm - 20 Acre Lot and two 10 Acre Tracts	$500,001 - $1,000,000
	Republic Bank - Lexington, KY	Open Note -- construction	$15,001 - $50,000

Name Henry Scott Baesler	Page 7 of 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Partner	Farm Operation -- BW Partnership (see schedule I)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 PM 3:05

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Richard Hugh Baker
(Full Name)

434 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-3901

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Louisiana District: 6th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: D H Baker

DATE (Month/Day/Year): 5/14/97

Name	Page 2 of 8
Richard Hugh Baker	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keane State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA
	Baker Agency	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard Hugh Baker

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mege Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	LPB Minerals		X										X							X									
	Glacier Technology			X																									
	Baker Agency		X											X		X										X			S
SP	K's Louiaiana Market					X																							
	Scenic Investments			X															X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard Hugh Baker

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	AES, Inc. (Stock)			X																									
	RES, Inc. (Stock)		X																										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Richard Hugh Baker

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Baker Agency-Building		X		08/06/96				X						

This page may be copied if more space is required.

Name Richard Hugh Baker

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hancock Bank				X							
	City National			X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	LPB Minerals (uncompensated)
Partner	Scenic Investments (uncompensated)
Officer	Baker Agency (uncompensated)
Officer	RES, Inc. (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

RICHARD HUGH BAKER
6TH DISTRICT, LOUISIANA

TRANSPORTATION AND INFRASTRUCTURE COMMITTEE
SUBCOMMITTEES
SURFACE TRANSPORTATION
WATER RESOURCES AND ENVIRONMENT

BANKING AND FINANCIAL SERVICES COMMITTEE
SUBCOMMITTEES
CHAIRMAN
CAPITAL MARKETS, SECURITIES AND GOVERNMENT SPONSORED ENTERPRISES
HOUSING AND COMMUNITY OPPORTUNITY

Congress of the United States
House of Representatives
Washington, D.C. 20515–1806

May 27, 1997

Ms. Robin H. Carle
Clerk of the House
U. S. House Of Representatives
H-154, The Capitol
Washington, DC 20515

8
MC

INSIDE MAIL

97 MAY 28 PM 3:32

Dear Ms. Carle:

Please find enclosed my amended financial disclosure statement. It is amended as follows:

1. In my May 8, 1997, financial disclosure statement, I checked question number 2 as YES and did not included Schedule II. I have amended my answer to that question, because that should have been checked NO, I did not have speeches or appearance where a donation was made to charity in lieu of paying me for this reporting period.

2. In last year's filing I recorded a business interest, the 1884 Shoppe. It was my spouse's income from the business. Since then the 1884 Shoppe has closed. It has not been sold, nor has ownership been transferred. Its value is zero. Last year's disclosure should indicate that the business has no value.

3. In my May 8, 1997, financial disclosure statement, I neglected to describe my type of liabilities under Schedule V, as well as the city in which they are located My financial disclosure statement is now amended with the above descriptions.

It is my understanding that this completes my financial disclosure statement. I am please to address any further questions or comments you may have.

Sincerely,

Richard H. Baker
Member of Congress

434 CANNON BUILDING
WASHINGTON, D.C 20515–1806
(202) 225–3901
(202) 225–7313 (FAX)

5555 HILTON AVENUE
SUITE 100
BATON ROUGE, LA 70808
(504) 929–7711
(504) 929–7688 (FAX)
1–800–892–1253 (LA ONLY)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 28 AM 9:32

U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL
(Office Use Only)

Richard Hugh Baker
(Full Name)

434 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-3901

Filer Status [X] Member of the U.S. House of Representatives — State Louisiana District 06th — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [X] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Richard H. Baker

DATE (Month/Day/Year): 5/27/97

Name Richard Hugh Baker	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA
	Baker Agency	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard Hugh Baker

Page 3 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an esset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X							X							X									P
	Examples: 123 Main St., Dover, Del.								X					X											X				
	Examples: 1st Bank of Paducah, KY accounts						X								X							X							
	LPB Minerals		X										X							X									
	Glacier Technology			X																									
	Baker Agency		X											X		X										X			S
SP	K's Louisiana Market					X																							
	Scenic Investments			X															X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard Hugh Baker

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	AES, Inc. (Stock)			X																									
	RES, Inc. (Stock)		X																										

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SCHEDULE IV — TRANSACTIONS

Name Richard Hugh Baker

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Baker Agency-Building		X		08/06/96				X						

This page may be copied if more space is required.

Name Richard Hugh Baker

Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delawere	Mortgage on 123 Main St., Dover, Del.				x						
	Hancock Bank, Baton Rouge, Louisiana	Commercial Loan			X							
	City National, Baton Rouge, Louisiana	Commercial Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page 7 of 7
Richard Hugh Baker	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	LPB Minerals (uncompensated)
Partner	Scenic Investments (uncompensated)
Officer	Baker Agency (uncompensated)
Officer	RES, Inc. (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO. 1997 38–554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -8 AM 10:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

4

JOHN ELIAS BALDACCI
(Full Name)

79 PALM STREET
(Mailing Address)

BANGOR, MAINE 04401

Daytime Telephone
207-947-6088

Filer Status: [X] Member of the U.S. House of Representatives — State: MAINE District: SECOND — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: JEBaldacci

DATE (Month/Day/Year): 5/8/97

Name	JOHN ELIAS BALDACCI	Page 1 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
CITY OF BANGOR 73 HARLOW STREET BANGOR, MAINE 04401	SPOUCE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN ELIAS BALDACCI

Page 2 of 3

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more then $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personel residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.							X						X										X				
			1st Bank of Paducah, KY accounts					X									X						X							
	BANGOR SAVINGS BANK (savings acct) P.O. BOX 930, BANGOR, ME 04402				X											X					X								
JT	KEY BANK OF MAINE (CD) P.O. BOX 429, AUGUSTA, ME 04330		X													X				X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN ELIAS BALDACCI

Page 3 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	CONGRESSIONAL FEDERAL CREDIT UNION P.O. BOX 23267 (money market) WASHINGTON, DC 20026-3267				X										X						X								
	NORTHERN NEW ENGLAND LAW PUBLISHERS, INC. (stock) P.O. BOX 38 NAPLES, ME 04055		X										X							X									
SP	ICMA RETIREMENT TRUST 777 NORTH CAPITOL STREET, N.E. WASHINGTON, D.C. 20002-4240		X												X					X									
SP	TRAVELERS INSURANCE ANNUITY SERVICES ONE TOWER SQUARE HARTFORD, CT 06183-4056		X												X					X									
	MAINE STATE RETIREMENT SYSTEM AUGUSTA, ME 04330		X												X					X									
SP	MAINE STATE RETIREMENT SYSTEM AUGUSTA, ME 04330		X												X					X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 14 PM 2:42
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

30

THOMAS CASS BALLENGER
(Full Name)

867 20TH AVENUE DRIVE NW
HICKORY, NC 28601
(Mailing Address)

202 225-2576
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: NC District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Thomas Cass Ballenger

DATE (Month/Day/Year): 5/14/97

Name: T. CASS BALLENGER

Page 1 of 21

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PLASTIC PACKAGING, INC. - FAMILY BUSINESS	SALARY EXEMPT FROM RULE XLVII	$20,000
	PLASTIC PACKAGING, INC.	SPOUSE SALARY	N/A
	LEGISLATIVE RETIREMENT SYSTEM OF NC	PENSION	$ 3,970

For payments to charity in lieu of honoraria, use Schedule II.

Name	T. CASS BALLENGER	Page 2 of 21

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name T. CASS BALLENGER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

% = ROYALTY INCOME

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	RENTAL HOUSE, 12TH AVE				X									X								X							
JT	RENTAL HOUSE, YORKLAND ROAD				X									X									X						
JT	WASHINGTON APT., 450 JERSEY AVE.						X							X									X						
	GREAT WESTERN WELCH '7777'		X											%					X										
	NORTON/TAYLOR		X											%							X								
	SCARMARDO		X											%								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

Page 4 of 21

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	TROUSDALE # 1		X											℘							X								
	GLENDALE PROSPECT #1-H WELL		X											℘					X										P
	KATHY KAY #1-H WELL		X											℘					X										P
	RAYMOND JAMES & ASSOC. BROKER ACCT.	ASSETS LISTED IN THIS SCHEDULE																											
	HERITAGE CASH TRUST MONEY MRKT FUND	X											X							X									
	AT&T CORPORATION	X											X						X										S
	AIR PRODUCTS & CHEMICALS INC.		X										X						X										INHERITED
	THE ALLSTATE CORPORATION		X										X						X										INHERITED
	AMERICAN STORES COMPANY NEW		X										X						X										INHERITED
	BANC ONE CORPORATION			X									X						X										INHERITED
	CPC INT'L INC			X									X						X										INHERITED
	CROWN CORK & SEAL CO.		X										X						X										INHERITED
	DILLARD DEPT. STORES INC.	X											X						X										S
	DISNEY (WALT) COMPANY		X										X						X										
	DU PONT E I DE NEMOURS & CO.			X									X						X										INHERITED

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	DUKE POWER COMPANY			X									X							X									
	EXXON CORPORATION			X									X						X										INHERITED
	FIRST CHICAGO NBD CORP.			X									X						X										INHERITED
	GENERAL ELECTRIC CO.			X									X							X									
	HEWLETT-PACKARD COMPANY		X										X						X										P
	JOHNSON & JOHNSON INC.		X										X						X										P
	LOWES COMPANIES, INC.			X									X						X										
	MCDONALDS CORP.		X										X						X										INHERITED
	MINNESOTA MINING & MFG CO.			X									X							X									
	MOBIL CORP.			X									X							X									
	MOTOROLA INC.	X											X						X										S
	NATIONSBANK CORP.			X									X							X									INHERITED
	NORFOLK SOUTHERN CORP.		X										X						X										INHERITED
	OUTBOARD MARINE CORP.		X										X						X										P
	PACIFIC TELESIS GROUP	X											X						X										S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	FURNITURE BRANDS INT'L (Formerly Interco, Inc.)		X										X						X										
	GIBRALTAR PACKAGING	X											X						X										
	IMATION		X										X						X										SPIN OFF
	GENERAL INSTRUMENTS		X										X						X										P
	GTE CORP			X									X						X										INHERITED
	REPUBLIC INDUSTRIES		X										X						X										
	WSMP, INC.		X										X						X										
	SEARS ROEBUCK & CO.		X										X						X										INHERITED
	MICROSOFT CORP. PFD SER A		X										X						X										P
	ALCATEL ALSTHOM		X										X						X										P
	CISCO SYSTEMS		X										X						X										P
	THE APPLETREE CO. COMMON STOCK	X											X						X										S
	A PLUS NETWORK	X											X						X										S
	BROADWAY & SEYMOUR	X											X						X										S
	ADDINGTON RESOURCES	X											X						X										S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	AIRTOUCH COMMUNICATIONS	X											X						X										S
	PHIZER INC.			X									X							X									
	PHILIP MORRIS CO. INC.	X											X							X									GIFTED
	PROCTOR & GAMBLE CO.		X										X						X										
	ROYAL DUTCH PETE CO.			X									X							X									INHERITED
	SCHERING PLOUGH CORP.			X									X						X										INHERITED
	SOUTHERN NATIONAL CORP.		X										X							X									
	TELEFONICA DE ARGENTINA	X											X							X									S
	TEXACO, INC.		X										X							X									
	TEXTRON INC.			X									X						X										INHERITED
	UNUM CORP.			X									X						X										S INHERITED
	UNIFI INC.			X									X						X										S INHERITED
	UNITED TECHNOLOGIES CORP.			X									X						X										INHERITED
	WACHOVIA CORP.			X									X							X									P
SP	J.C. BRADFORD & CO. BROKER ACCOUNTS ASSETS LISTED IN THIS SCHEDULE.																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	GENERAL ELECTRIC CO.		X										X						X										
SP	NYNEX CORP		X										X							X									
SP	PACIFIC TELESIS CORP.		X										X							X									
SP	SBC COMMUNICATIONS INC.		X										X							X									
SP	TAMBRANDS INC.			X									X								X								
SP	TRAVELERS GROUP, INC.				X								X							X									
SP	U.S. WEST COMMUNICATIONS		X										X							X									
SP	NEWTON NC SAN SWR 6.2% BONDS		X												X					X									
~~SP~~	~~NC MUNI PWR AGY 6.5% BONDS~~		~~X~~												~~X~~					~~X~~									
SP	CHARLOTTE-MECK HOSP 6.0% BONDS		X												X				X										P
SP	NC MUNI PWR AGY #1 6.5% BONDS			X											X						X								
SP	EVEREN CAPITAL CORP.	X											X						X										S
SP	AMERICAN GOV'T INCOME		X										X							X									
SP	AMOCO CORP.			X									X								X								
SP	AMERITECH CORP. NEW			X									X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	ANHEUSER BUSCH CO. INC.					X							X									X								
SP	AT&T CORP.			X									X							X										
SP	BELL ATLANTIC CORP.		X										X							X										
SP	BELL SOUTH CORP.			X									X							X										
SP	CAROLINA FIRST BANCSHARES INC.		X										X						X											
SP	COMMONWEALTH EDISON CO. PFD STK 2.85	X											X						X											S
SP	EVEREN CAPITAL CORP. - EXCH PFD	X											X						X											
SP	EARTHGRAINS CO.		X										X						X											
SP	FIRST SAVINGS BANCORP INC - NC		X										X							X										
SP	FIRST SOUTHEAST FIN. CORP.	X											X						X											S
SP	GTE CORP			X									X								X									
SP	KEMPER CORP.	X											X						X											S
SP	TRANSPORT HOLDINGS CL. A STOCK	X											X						X											S
SP	CBI INDUSTRIES INC.	X											X						X											S
SP	AIRTOUCH COMMUNICATIONS		X										X						X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
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SP	REPUBLIC INDUSTRIES, INC.			X									X						X										
SP	TJJ INDUSTRIES, INC.		X										X						X										
SP	US WEST MEDIA GROUP		X										X						X										
SP	DEAN WHITTER TRUST CO. BROKER ACCT.	ASSETS LISTED IN THIS SCHEDULE																										
SP	GNMA POOL 0011301 8% BOND		X												X					X									
SP	NATIONSBANK CORP.		X										X							X									
SP	PEPSICO INC. NC			X									X							X									
SP	PIEDMONT NATURAL GAS			X									X							X									
SP	SCHERING PLOUGH CORP.		X										X							X									
SP	SOUTHERN NAT'L CORP.		X										X						X										
SP	WR GRACE & CO.					X							X								X								
SP	GOV'T SEC INCOME FD US TSY 1		X												X					X									
SP	US TSY BOND 9.125%		X												X					X									
SP	US TSY NOTE 8.50%			X											X						X								
SP	US TSY NOTE 9.375%	X													X					X									S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
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SP	ALCATEL ALSTHOM SPON COMMON STOCK		X										X						X										
SP	UNIT KEMPER TX EX INCOME TRUST		X												X					X									
SP	NUVEEN MUNI NAT'L LT S		X												X				X										
SP	NUVEEN MUNI NAT'L LT Q	X													X				X										
SP	HOMESTEAD EL WTR 5.6% BONDS		X												X					X									
SP	NC EASTN MUN 4.5% BONDS			X											X						X								
SP	NC MPA I REF 4.2% BONDS			X											X						X								
SP	CATAWBA HOSPITAL 5.2% BONDS		X												X					X									
SP	MANATEE WTR SWR 6.1% BONDS		X												X					X									
SP	MOORE CO GO 4.75% BONDS			X											X					X									
SP	CHARLOTTE GO-A 5.5% BONDS				X										X							X							
SP	FAYETTEVILLE WKS 4.6% BONDS			X											X						X								
SP	CABARRUS CO GO 4.5% BONDS		X												X					X									
SP	MANATEE WTR SWR 9.3% BONDS		X												X					X									
SP	MOUNT AIRY GO 4.9% BONDS		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
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SP	W/S HLTH FACS. 7.3% BONDS		X												X					X									
SP	FORSYTH CO LAW 4.75% BONDS			X											X					X									P
SP	NC MUN PWR AGY - 1.49% BONDS			X											X						X								P
SP	NC MPA-1 CAT. 4.1% BONDS			X											X					X									P
SP	DURHAM CTY GO 5.2% BONDS				X										X							X							P
SP	CHARLOTTE IMPT 5.3% BONDS			X											X						X								P
SP	NC MED CARE 5.5% BONDS			X											X						X								P
SP	BWTS COMMONWEALTH EDISON PFDSK	X											X						X										S
SP	NC MUN PWR AGY 7.0% BONDS	X													X				X										S
SP	RHODE ISL GO 6.6% BONDS	X													X				X										S
SP	TELEPHONOS DE MX STOCK	X											X						X										S
SP	FRESNIUS MED CARE STOCK				X								X						X										SPIN OFF
SP	FRESNIUS NAT MED CARE PFD	X											X						X										SPIN OFF
SP	WSMP		X										X						X										P
SP	LUCENT TECNOLOGIES STOCK		X										X						X										SPIN OFF

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	ARCHER DANJELS MIDLAND STK		X										X						X										
SP	AT&T CORP.		X										X							X									
SP	BANK OF GRANITE					X							X								X								
SP	BRAZIL FUND		X										X							X									
SP	GTE CORP.			X									X								X								
SP	JEFFERSON PILOT CORP.			X									X							X									
SP	MOTOROLA INC.			X									X						X										
SP	NC MUN PWR AGY 7.0% BONDS	X													X				X										S
SP	RHODE ISL GO 6.6% BONDS	X													X				X										S
SP	TELEPHONOS DE MX STOCK	X											X						X										S
SP	DW LIQUID ASSET FD					X							X										X						
	FOLLOWING ITEMS HELD SEPERATELY:																												
	CONGRESSIONAL FEDERAL CREDIT UNION			X											X					X									
SP	BANK OF GRANITE BANK ACCT			X											X					X									
JT	BANK OF GRANITE BANK ACCT		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C # = Partnership Income Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	PLASTIC PACKAGING						X						X								X								
	PLASTIC PACKAGING								X				X												X				
	NATIONS BANK (2) BANK ACCTS		X												X					X									
	FPA PARAMOUNT FUND		X										X									X							
SP	PHOENIX MID CAP.			X									X								X								
SP	GT LATIN AMERICA GR FD - A		X										X						X										
SP	JC BRADFORD IRA ACCOUNT			X									n/a						n/a										
SP	PLASTIC PACKAGING 401-K		X										n/a						X										
	PLASTIC PACKAGING 401-K	X											n/a						X										
JT	JORDAN BRIDGE LOAN			X											X					X									
JT	MARK WEAVER LOAN		X												X					X									
SP	OAK PLANTATION (LOSS)	X												#					X										
	OAK PLANTATION (LOSS)	X												#					X										
	AAI/FOREST HILLS (LOSS)	X												#					X										
	AAI/FOUR SEASONS (LOSS)	X												#					X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C # = Partnership Income Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	DYCO OIL & GAS 1982 - 1 1983 - 1 1981 - 2 1984 - 1	X												#						X									
	PRUTECH RESEARCH & DEV. (LOSS)	X												#					X										
SP	MAJCO BUILDING SPECIALTIES	X												#						X									
SP	MCNEIL REAL ESTATE FD.	X												#					X										
	PLASTIC PACKAGING ESOP						X						n/a						n/a										
	DELEWARE CHARTER IRA		X										n/a						n/a										
	QUALIFIED PENSION INC. IRA	X											n/a						n/a										
	RESOURCE TRUST IRA		X										n/a						n/a										
	~~PRUDENTIAL MM ASSET FUND~~	X											n/a						n/a										S

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SCHEDULE IV — TRANSACTIONS

Name T. CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
	AT&T CORPORATION COMMON STOCK		X		3-19-96	X									
	DILLARD DEPT STORES COMMON STOCK		X		11-29-96	X									
	HEWLETT-PACKARD CO. COMMON STOCK	X			7-25-96	X									
	JOHNSON & JOHNSON COMMON STOCK	X			9-9-96	X									
	MOTOROLA, INC. COMMON STOCK		X		9-11-96	X									
	OUTBOARD MARINE CORP. COMMON STOCK	X			11-29-96	X									
	PACIFIC TELESIS GROUP COMMON STOCK		X		12-9-96	X									
	TELEFONICA DE ARGENTINA COMMON STOCK		X		8-14-96	X									
	ALCATEL ALSTHOM AMERICAN COMMON STOCK	X			7-25-96	X									
	CISCO SYSTEMS INC. COMMON STOCK	X			9-11-96	X									
	GENERAL INSTRUMENTS CORP COMMON STOCK	X			11-1-96	X									
	MICROSOFT CORP PREFERRED SERIES A	X			12-23-96	X									
	THE APPLETREE CO. COMMON STOCK		X		3-19-96	X									
	UNIFI INC. COMMON STOCK		X		3-19-96	X									
	A PLUS NETWORK INC COMMON STOCK		X		3-20-96	X									
	BROADWAY & SEYMOUR COMMON STOCK		X		3-20-96	X									

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SCHEDULE IV — TRANSACTIONS

Name T. CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
	ADDINGTON RESOURCES COMMON STOCK		X		11-29-96	X									
	AIRTOUCH COMMUNICATIONS COMMON STOCK		X		12-09-96	X									
	IMATION CORP COMMON STOCK	X			STOCK SPIN OFF	N/A									
	UNUM CORP.		X		12-9-96		X								
SP	CHARLOTTE-MECK HOSP. 6.0% BONDS	X			06-15-96	X									
SP	FIRST SOUTHEAST FIN. CORP. COMMON STOCK		X		06-25-96	X									
SP	KEMOER CORP COMMON STOCK		X		01-08-96	X									
SP	TRANSPORT HOLDINGS INC. CLA STK		X		01-17-96	N/A									
SP	CBI INDUSTRIES INC. COMMON STOCK		X		01-25-96		X								
SP	COMMONWEALTH EDISON CO PFD STOCK		X		08-09-96	N/A									
SP	EVEREN CAPITAL CORP.		X		09-03-96	N/A									
SP	B WTS COMMONWEALTH EDISON PFD STK		X		10-24-96	N/A									
SP	US TSY NOTE 9.375%		X		04-11-96	X									
SP	NC MUN PWR AGY 7.0% BONDS		X		01-02-96		X								
SP	RHODE ISL GO 6.6% BONDS		X		06-17-96	X									
SP	TELEPHONES DE MX STOCK		X		02-20-96	X									

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SCHEDULE IV — TRANSACTIONS

Name T. CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
SP	FORSYTH CO LAW 4.75% BONDS	X			01-11-96		X								
SP	NC MUN PWR AGY - 1 4.9% BONDS	X			01-11-96		X								
SP	NC MPA-1 CAT 4.1% BONDS	X			01-11-96		X								
SP	DURHAM CNTY GO 5.2% BONDS	X			07-29-96			X							
SP	CHARLOTTE IMPT 5.3% BONDS	X			01-11-96		X								
SP	NC MED CARE 5.5% BONDS	X			01-11-96		X								
	GLENDALE-PROSPECT 31-H WELL	X			09/96	X									
	KATHY KAY #1-H WELL	X			11/97	X									
	PRUDENTIAL MM ASSET FUND		X		12/96	N/A									
SP	WSMP INC. COMMON STOCK	X			10/96	X									
	PHILLIP MORRIS CO. INC.		*		11/11/96		X								

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* = GIFTED

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	PLASTIC PACKAGING, INC.	Mar. 15-18	Wash,DC - Hickory-Wash, DC	N	N	Y	N
	PLASTIC PACKAGING, INC.	Jun. 7-10	Wash, DC - Hickory-Wash,DC	N	N	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE SCHEDULE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	SEE ATTACHED LETTER	

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

T. CASS BALLENGER

Form A. Section VIII Position:

Positions	Name of Organization
Chairman of the Board	Plastic Packaging, Inc.
Limited Partner	Associated Apartment Investors
Limited Partner	Oak Plantation Associated, LTD.
Limited Partner	Prutech Research & Development Partnership
President	Ballenger Foundation, Non-Profit Foundation
Limited Partner	Dyco Petroleum

218 Cannon House Office Building
Washington, DC 20515
202-225-2576

COMMITTEES:
EDUCATION AND LABOR
PUBLIC WORKS AND TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515

Mooresville, NC 28605
704-227-6100

P.O. Box 878
418 South Street
Gastonia, NC 28052
704-864-8822

March 20, 1990

The Honorable Julian Dixon
Chairman
The Committee on Standards of
Official Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Julian:

I would appreciate clarification on limitations on outside earned income as it relates to a consulting fee I currently receive (see attached letter) from my company, in light of the changes mandated by the Ethics Reform Act of 1989 (Public Law 101-194).

As you can see from the attached letter, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my principal family investment and I view it important to remain associated with the business to assure that my investment is protected.

Please advise me relative to any exemption of these fees from the limits on outside income for calendar year 1990 as prescribed under clause 2(b)(1) of House Rule XLVII as revised by Public Law 101-194. Further, I would appreciate advice relative to this matter for calendar year 1991 and beyond.

If you have questions or need clarification on any point, please call me or have your staff contact my administrative assistant, Patrick Murphy, at 225-2576.

Thank you for your prompt attention to this matter.

Sincerely,

Cass Ballenger

CASS BALLENGER
Member of Congress

CB:pmm

Enclosure

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515

February 25, 1987

The Honorable Cass Ballenger
United States House of Representatives
116 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of January 16, 1987, requesting the advice of this Committee regarding the propriety of your receipt of certain compensation from Plastic Packaging, Inc. Your correspondence elaborates on information provided in an earlier meeting with Committee Counsel Mark Davis.

You explain that you served as President of Plastic Packaging, Inc., from its founding in 1956 until your election to the House of Representatives. While you remain the majority stockholder and Chairman of the Board, you no longer have day-to-day operating responsibilities. In lieu of the salary previously paid to you, Plastic Packaging, Inc., intends to pay you $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. You further explain that Plastics Packaging, Inc., is your principal family investment, and you view it important to remain associated with the business to assure that your investment is protected.

The provision implicated by your inquiry is House Rule XLVII, which limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the Rule, the term "outside earned income" means "wages, salaries, professional fees, honoraiums, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rules XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received

The Honorable Cass Ballenger
February 25, 1987
Page 2

> by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Committee is of the opinion that the services you will be performing for Plastic Packaging, Inc., and compensation in the amount specified, fall within the stated exemption. The purpose of the exemption, as stated by the Commission on Administrative Review of the 95th Congress, is to enable Members to protect their interest in a family business. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) Further evidence of the fact that your efforts are aimed at preserving your equity, rather than generating a significant amount of income, is the limited time you plan to devote to the business. The Committee also notes that the amount of compensation you will be receiving from the corporation is substantially less than that reported for prior years on the Financial Disclosure Statement which you filed as a candidate.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the Statement that this income is from a family business and exempt from application of Rule XLVII.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
EDWARD J. PATTEN, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTUN, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

October 27, 1990

The Honorable Cass Ballenger
U.S. House of Representatives
218 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting clarification of the limitations on outside earned income as it relates to a consulting fee you receive from your company. The Committee originally addressed this matter in a letter of February 25, 1987, a copy of which you enclosed with your correspondence.

You explain that while a Member of the House you have accepted $20,000 per year from Plastic Packaging, Inc., for as much as 400 hours of consulting services on implementation of corporate policy decisions. You founded the company and have retained controlling interest in it. It is your principal family investment and you continue to view it important to remain associated with the business to assure that your investment is protected. Consistent with Committee advice, this income has not been treated as subject to the earned income limit of House Rule XLVII. In light of the changes mandated by the Ethics Reform Act of 1989 (P.L. 101-194 as amended by P.L. 101-280), you ask if the Committee's earlier advice continues to apply to your situation.

In 1987, you told the Committee that you were Chairman of the Board of Plastic Packaging, Inc., in addition to being majority stockholder. Your Administrative Assistant, Patrick Murphy, has informed Committee Counsel Mark Davis that this continues to be the case. While the corporation does provide you with transportation to attend board meetings, you receive no compensation other than the $20,000 consulting fee.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit

will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include--

> [I]n the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502), provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not --

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;
>
> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Plastic Packaging, Inc., you are serving as Chairman of the Board but are receiving no compensation other than the consulting fee. (Your receipt of travel expenses to attend board meetings is not considered compensation.) You were paid by Plastic Packaging prior to your election to the House of Representatives, but the $20,000 consulting fee is significantly less than you had been receiving. In addition, the payment is consistent with the policy enunciated in House Rule XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that the services you perform for Plastic Packaging, Inc., and the specified compensation you receive, continue to fall within the cited exemption in House Rule XLVII. Furthermore, your

receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

(3)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 12: 06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Hon. James A. Barcia
(Full Name)

2419 Rayburn H.O.B.
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-8171

Filer Status	[X] Member of the U.S. House of Representatives	State: MI District: 05	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: James A. Barcia

DATE (Month/Day/Year): 5/15/97

Name Hon. James A. Barcia | Page 2 of 3

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Michigan Employee Retirement System	$50,001 - $100,000	Retirement	None - $200	
	Michigan Deferred Compensation Plans	$1,001 - $15,000	Retirement	None - $200	
	Michigan National Bank Accounts	$15,001 - $50,000	Interest	$201 - $1,000	
	40 acres, Bordaux Road, Standish, Michigan	$15,001 - $50,000			
JT	Copco Credit Union, Bay City, Michigan	$15,001 - $50,000	Interest	$201 - $1,000	
JT	Comerica, Inc. - Stocks	$1,001 - $15,000	Dividends	$201 - $1,000	
JT	Riegel Energy Corp. Stock	$1,001 - $15,000	Dividends	None - $200	
JT	Total Petroleum North America Stock, Ltd.	$1,001 - $15,000	Dividends	None - $200	
JT	Renaissance Money Market Fund	$1,001 - $15,000	Dividends	$201 - $1,000	

Name Hon. James A. Barcia | Page 3 of 3

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Safari Club International	01/26-27/96	Saginaw - Reno, NV - Saginaw - transportation expense not included	Y	Y	Y	No

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 3:33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(6)

BOB BARR
(Full Name)

1130 LONGWORTH
WASHINGTON, DC 20515
(Mailing Address)

202/225-2931
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: GA District: 07 — [ ] Officer or Employee — Employing Office.

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

Name	Page
BOB BARR	2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	COBB FAMILY RESOURCES, MARIETTA, GA	SPOUSE SALARY	N/A
	THE BARR LAW FIRM, P.C., MARIETTA, GA	FINAL DISTRIBUTION OF S CORP. FOR PRIOR LEGAL FEES	$1875

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BOB BARR

Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	THE BARR LAW FIRM, P.C.	X																	X										
	IRA, SUNTRUST			X											X					X									
JT	CHK. ACCT., SUNTRUST		X												X				X										
SP	IRA, MUT. of AMERICA			X											X					X									
SP	IRA, COBB FEDERAL		X												X					X									
SP	C-MAR CREDIT UNION	X											X						X										

For additional assets and unearned income, use next page.

Name BOB BARR | Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SUNTRUST BANK, MARIETTA, GA	NOTE	X									
JT	CONG. FED. CR. UNION	CREDIT CARD LOANS		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name BOB BARR | Page 5 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	BRITISH AIRPORT AUTHORITY	DEC. 16-19	Atlanta - London - Atlanta	Y	Y	N	N
	NBC NEWS	APR. 13-14	Atlanta - Washington - Atlanta	Y	Y	Y	N
	ACLJ (Christian Radio)	DEC. 11	Atlanta - Nashville - Atlanta	N	Y	N	N
	FRED FRIENDLY SEMINARS PBS	Dec. 13-15	Atlanta - Philadelphia - Atlanta	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	THE BARR LAW FIRM, P.C., MARIETTA, GA.
BOARD MEMBER	ATLANTA TASK FORCE FOR THE HOMELESS, ATLANTA, GA.
BOARD MEMBER	FEDERALIST SOCIETY ADVISORY BOARD, ATLANTA, GA.
BOARD MEMBER	WASHINGTON LEGAL FOUNDATION NATL. ADVISORY BOARD

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
12/94	THE BARR LAW FIRM, P.C.	DEFERRED PYMT. OF FEES PREVIOUSLY EARNED

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 AM 10:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)
10

WILLIAM E. BARRETT
(Full Name)

505 W. 17TH STREET
(Mailing Address)

LEXINGTON, NE 68850

(308) 324-6044
Daytime Telephone

Filer Status	[X] Member of the U.S House of Representatives	State: NEBRASKA District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL
X Wm. E. Barrett

DATE (Month/Day/Year)
5/14/97

Name WILLIAM E. BARRETT

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	WILLIAM E. BARRETT	Page 2 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name WILLIAM E. BARRETT

Page 3 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	COMMERCIAL LOT, 9TH & LINCOLN LEXINGTON, NE 68850			X																									
	COTTONWOOD NORTH (50% OF CORP.) 2100 N. ADAMS PLAZA, LEXINGTON, NE							X						X										X					
	BARRETT-HOUSEL INS. (56% OF CORP.) LEXINGTON, NE 68850					X								X	X	X								X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM E. BARRETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	S B MONEY FUND GOVT FUND	X											X						X										
	FIDELITY ADVISOR SER II GROWTH		X										X							X									
	RIGGS NATIONAL		X												X					X									
	APPLIED MATERIALS, INC.			X									X						X										
	FARMERS STATE BANK - STOCK			X									X										X						
	METALCLAD CORP.		X										X						X										
	GENERAL MOTORS - STOCK		X										X							X									
	ZOOM TELEPHONICS, INC.		X										X						X										
	KANSAS NEBRASKA - STOCK		X										X							X									
	ELECTRONIC DATA SYSTEMS - STOCK	X											X						X										
	GM HUGHES ELECTRONIC - STOCK	X											X						X										
	LEXINGTON, NE - BOND		X												X					X									
	NEBRASKA PUBLIC POWER - BOND		X												X					X									
	OMAHA PUBLIC POWER - BOND		X												X					X									
	INTEL CORP. - STOCK		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM E. BARRETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	LANCASTER, NE - BOND		X												X					X									
	AIM VALUE FUND		X										X							X									
	MCI CAPITAL		X												X					X									
	MCDONALDS CORP.		X										X							X									
	WASHINGTON MUTUAL		X										X							X									

This page may be copied if more space is required.

Name WILLIAM E. BARRETT

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-96		X								
	SEARS COMMON STOCK		X		06/06/96	X									
	SEARS COMMON STOCK	X			04/17/96	X									
	APPLIED MATERIALS	X			06/05/96		X								
	METALCLAD CORP.	X			04/07/96	X									
	ZOOM TELEPHONICS, INC.	X			05/08/96	X									
	AIM VALUE FUND	X			06/06/96	X									
	MCI CAPITAL	X			05/23/96	X									
	MCDONALDS CORP.	X			02/15/96	X									
	WASHINGTON MUTUAL	X			10/16/96	X									
	LANCASTER NEBRASKA BOND	X			06/04/96	X									
	FIDELITY ADVISOR SER II GROWTH	X			06/04/96	X									

This page may be copied if more space is required.

Name WILLIAM E. BARRET

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	UNITED NEBRASKA BANK, LEXINGTON, NE	MORTGAGE ON COTTONWOOD APTS					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

This page may be copied if more space is required.

Name WILLIAM E. BARRETT	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	HASTINGS COLLEGE, HASTINGS, NE (UNCOMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 5:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

9

Thomas M. Barrett
(Full Name)

1224 Longworth House Office Building
(Mailing Address)

202-225-3571
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State WI District 05	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas M. Barrett

DATE (Month/Day/Year): May 15, 1997

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A Congressional salary sole source of earned income		

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas M. Barrett	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
N/A			

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Name Thomas M. Barrett

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	20th Century Select-Dfrd Comp			X												X							X						
	20th Century Growth-Dfrd Comp			X												X						X							
	Great West Life -Dfrd Comp			X											X						X								
	Equitable Fund IRA Account			X											X						X								
	Educators Credit Union IRA		X										X							X									
	Equitable Bank IRA Account		X												X				X										closed 4/96

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Barrett

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
DC	Southern Company Stock		X										X						X										
	(son Tom's stock)																												
DC	Southern Company Stock		X										X						X										
	(daughter Anne's stock)																												
SP	Aetna Annuity (wife's annuity)		X												X					X									
	Wisconsin Retirement System			X											X						X								
	(separation value)																												
	(income estimated)																												

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SCHEDULE IV — TRANSACTIONS

Name Thomas M. Barrett | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–96		X								
	Equitable Savings Bank - IRA rollover to the Equitable Fund IRA account				X	4-12-96	X									

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Name Thomas M. Barratt | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Plattar (waiver received from Committee on Standards)	$270
N/A			

Use additional sheets if more space is required.

Name	Page 8 of 9
Thomas M. Barrett	

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

THOMAS M. BARRETT
5TH DISTRICT, WISCONSIN

COMMITTEE ON
BANKING AND
FINANCIAL SERVICES

GOVERNMENT REFORM
AND OVERSIGHT

97 MAY 15 PM 5:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1224 LONGWORTH OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3571

135 WEST WELLS STREET
ROOM 618
MILWAUKEE, WI 53203
(414) 297-1331

142

Congress of the United States

House of Representatives

Washington, DC 20515–4905

(1)

HAND DELIVERED

May 15, 1997

MC

The Honorable Robin H. Carle
Clerk of the House
U.S. House of Representatives
B-215 Longworth HOB
Washington, D.C. 20515

Dear Ms. Carle:

In preparing my Financial Disclosure Statement for 1996, I realized I had inadvertently omitted several assets which should have been listed in reports filed in previous years.

The first item is a retirement annuity which belongs to my wife and which she has maintained prior to both our marriage and to my election to Congress in 1992. Since she stopped teaching just as I began service in Congress in 1993, and since it has always been held in her name, I did not think of it in filing earlier forms.

The second and third items are identical gifts of stocks from my wife's parents to our two older children. The stock is held in our children's names with my wife as custodian. I did not realize I had to list them since the gifts were received in 1994 after I first started filing the disclosure statements.

In amending my earlier form, I therefore ask that you treat the Aetna annuity listed on page 5 as an amendment to all my previous reports. I also ask that you treat the two Southern Company listings on page 5 as amendments to my 1994 and 1995 reports. In amending my earlier reports, the information on page 5 would be the same for earlier years as well.

Thank you for your attention to this matter.

Sincerely,

Tom Barrett
Member of Congress

TB:jl

PRINTED ON RECYCLED PAPER

THOMAS M. BARRETT
5TH DISTRICT, WISCONSIN

COMMITTEE ON
BANKING AND
FINANCIAL SERVICES

GOVERNMENT REFORM
AND OVERSIGHT

HAND DELIVERED

97 JUN -3 AM 11:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1224 LONGWORTH OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3571

135 WEST WELLS STREET
ROOM 618
MILWAUKEE, WI 53203
(414) 297-1331

Congress of the United States

House of Representatives

Washington, DC 20515—4905

May 29, 1997

1
✓
MC

The Honorable Robin H. Carle
Clerk of the House
U.S. House of Representatives
B-215 Longworth HOB
Washington, D.C. 20515

Dear Ms. Carle:

I am writing to amend my Financial Disclosure Statement for 1996.

Please add the following to Schedule III - Assets and "Unearned" Income:

Block A - Educators Credit Union Money Market
Block B - #D - $50,0001-$100,000
Block C - Interest
Block D - $2,501-$5,000

Thank you for your attention to this matter.

Sincerely,

Tom Barrett
Member of Congress

TB:jr

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 1:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(5)

Dr. Roscoe G. Bartlett
(Full Name)

322 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone 202-225-2721

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: MD District: 6th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-15-97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Maryland State Retirement Systems	Pension	$13,275.66

For payments to charity in lieu of honoraria, use Schedule II.

Name Dr. Roscoe G. Bartlett | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	Examples: Maga Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Lot 49-Thurmont East			X															X										
	~~.5 acre lot-Thurmont~~																												
	~~Spruce Knob Lake Forest Service~~ Rd. 153 acres, Pocahontas Co., WV w/two houses					X													X										
	80 acres, Onaway, MI w/buildings Six Mile Road			X															X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dr. Roscoe G. Bartlett

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	4317 Buckeystown Pike 85.3 acres, Frederick Co., Md. ***								X					X										X					
	4317 Buckeystown Pike- Apt. Building 18.9 acres, Frederick Co., Md. ***								X					X										X					
	Money Market Account Frederick Co. National Bank ***		X												X						X								
	Mortgage, Thurmont, Md. Dan & Gloria Ryals				X										X					X									Paid off 1996
	Mortgage, Berkley Springs, WV Heidi & Marcos Marte			X											X						X								Paid off 1996
	Mortgage, Thurmont, Md. Ken Dougherty				X										X						X								Paid off 1996
	Congressional Credit Union				X										X						X								
	Putnam Bonds			X											X						X								
	Johns Hopkins Univ/APL Retirement Account			X															X										campaign loan 9-10/92

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Name Dr. Roscoe G. Bartlett | Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Heritage Foundation	Jan 25-26	DC-Baltimore-DC	Y	Y	Y	N

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ROSCOE G. BARTLETT
6TH DISTRICT, MARYLAND

322 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-2721

GARRETT-ALLEGANY COUNTIES
1-800-889-3012

HOWARD COUNTY
1-800-705-2385

United States
House of Representatives

COMMITTEES
NATIONAL SECURITY
SUBCOMMITTEES
RESEARCH AND DEVELOPMENT
MILITARY PERSONNEL

SMALL BUSINESS
SUBCOMMITTEES
CHAIRMAN
GOVERNMENT PROGRAMS AND OVERSIGHT

SCIENCE
SUBCOMMITTEES
SPACE AND AERONAUTICS
TECHNOLOGY

97 JUN -6 AM 11:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

June 3, 1997

Ms. Robin H. Carle
Clerk of the House
U.S. House of Representatives
Washington, D.C. 20515-6612

1
MC

HAND DELIVERED

RE: Amended 1996 Disclosure Report

Dear Ms. Carle:

I would like to amend my 1996 Disclosure Report -Schedule III "Assets and 'Unearned' Income." As stated in my 1995 report, my 1996 report should also include an asset of "Precious Metals" in the value of asset range "C"(15,001-50,000) and amount of income range "T" (None-$200).

Thank you for your assistance in this matter.

Sincerely,

ROSCOE G. BARTLETT
MEMBER OF CONGRESS

cc: David Laufman

☐ 5831 BUCKEYSTOWN PIKE
SUITE E
FREDERICK, MD 21704
(301) 694-3030

☐ 100 WEST FRANKLIN
HAGERSTOWN, MD 21740
(301) 797-6943

☐ 50 BROADWAY
FROSTBURG, MD 21532
(301) 689-0034

☐ 15 EAST MAIN STREET
SUITE 110
WESTMINSTER, MD 21157
(410) 857-1115

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 AM 10: 58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

Joe Linus Barton
(Full Name)
2264 Rayburn House Office Building 202-225-2002
(Mailing Address) Daytime Telephone
Washington, DC 20515

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — Joe Barton

DATE (Month/Day/Year) 5-15-97

Name	Page 2 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug 13, 1996	$500
Chemical Manufacturers Association	Speech - Washington, DC	May 9, 1996	$2,000
Business Research Institute / KPMG Peat Marwick	Speech - Dallas	December 3, 1996	$1,000
American Council for Education / check is actually being out in the next few days	Speech - Washington, DC	June 5, 1996	$1,000
Not an Honoraria - Excess funds from conference			
Bank of America - Congressman Barton Telecom Conference	Excess funds from Conference	April 12, 1996	$316.53

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name

Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	First Nat'l Bank - Ennis				X										X						X								
JT	Cong. Federal Credit Union		X												X				X										
JT	Cong. Federal Credit Union	X													X				X										
JT	Ennis Business Forms			X									X								X								
JT	Atlantic Richfield Comp. Stock			X									X							X									
JT	Texas Utilities Co. Stock		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
JT	Walmart Co. Stock		X										X						X										
JT	Reebok Co. Stock		X										X						X										
JT	Southwestern Bell Stock		X										X						X										
JT	Cripple Creek Condo			X										X								X							
JT	CMI Corp. - Okla. CLA		X										X						X										
JT	Retirement Care Assoc. Inc.		X																X										
JT	Tandycrafts Inc.		X																X										

This page may be copied if more space is required.

Name | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Members Mortgage	Mortgage on Cripple Creek CONDO		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Mr. Gary Martin, Arlington, TX	airplane trip to Mexico City (waiver received from Committee on Standards)	$1924

Use additional sheets if more space is required.

Name	Page 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NATL Association of Mnfs, Pharmaceutical Scottsdale Arizona	Feb. 2-4	DFW - Phoenix - Scottsdale - DFW	Y	Y	Y	N
Tx Society of Prof. Engineers Victoria, TX	Feb. 19-20	Emis - Victoria	Y	Y	N	N
American Methanol Institute Houston, TX	Aug 6-7	Dallas - Houston - Dallas	Y	Y	N	N
Natl. Electrical Manufacturers Assoc Seattle, WA	Sept. 14-16	Dallas - Seattle - Dallas	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 JUN -6 PM 1:51

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

(2)

Joe L. Barton
(Full Name)

2264 RHOB
(Mailing Address)

202-225-2002
Daytime Telephone

Washington, DC 20515

Filer Status	☐ Member of the U.S. House of Representatives	State: District:	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☑ Amendment SEE PAGE 2	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Joe Barton

DATE (Month/Day/Year)

Name	Page 2 of 2

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Liberty Lending Cincinnati/Wilmington Ohio	Mortgage on Cripple Creek Condo 904 Univ. Oaks #16 College Station, Tx		X								
	(The Above Mortgage Company was incorrectly identified as Members Mortgage on May 15 report for 1996)											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 15 AM 8:34 (6)

INSIDE MAIL

(Office Use Only)

CHARLES F. BASS (Full Name)

P.O. BOX 210 (Mailing Address)

PETERBOROUGH NH 03458

603-924-3303 / 202-225-5206 Daytime Telephone

MC

Filer Status	[X] Member of the U.S. House of Representatives	State: NH District: 02	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: CF Bass

DATE (Month/Day/Year): 4-10-97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
HIGH STANDARD INC	CONSULTING FEE	10,000.
COLUMBIA ARCHITECTURAL PRODUCTS, INC	CONSULTING FEE	10,000.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Charles F. Bass

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	BASS PARTNERS								X					X	X									X					
	IRA / AG EDWARDS																												
	P.O. BOX 353, GREENFIELD, MA				X																	NA							
	NUCOR CORP			X									X							X									
	PRIMARY BANK SAVINGS ACCT			X											X														
	LANCASTER BANK CD			X											X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles F. Bass

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	REAL ESTATE, STAR RT 1, EDG., NH.				X											NA													
	CAP INDUSTRIES STOCK					X										NA													
	GRANITE BANK		X												X					X									
	PATHAM FED CREDIT UNION		X												X					X									
SP	PRIMARY BANK SAVINGS ACCT			X											X					X									
JT	MILFORD RECAP LTD PTNR			X												NA													
SP	IRA, AG EDWARDS			X												NA													
	AG EDWARDS CASH ACCT		X												X					X									
	PETERBOROUGH SAVINGS BANK		X															NA											
SP	PETERBOROUGH SAVINGS BANK		X															NA											

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SCHEDULE IV — TRANSACTIONS

Name Charles F. Bass | Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10–12–96		X								
	US TREASURY 5-15-14		X		5-96	X									
	CML GROUP		X		5-96	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	CITICORP MORTGAGE	MORTGAGE: BASS PTNRS					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

CHARLES F. BASS
2d District, New Hampshire

218 CANNON BUILDING
WASHINGTON, DC 20515-2902
(202) 225-5206
Internet: cbass@hr.house.gov

Congress of the United States
House of Representatives

COMMITTEE ON THE BUDGET

COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON AVIATION
SUBCOMMITTEE ON SURFACE TRANSPORTATION

PERMANENT SELECT
COMMITTEE ON INTELLIGENCE
SUBCOMMITTEE ON HUMAN INTELLIGENCE, ANALYSIS, AND COUNTERINTELLIGENCE

June 11, 1997

HAND DELIVERED

97 JUN 11 PM 4:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Robin Carle
Clerk of the House
Legislative Resource Center
B-106 Cannon Building
Washington, D.C. 20515

Dear Ms. Carle:

I am writing this letter to amend Schedule 1 of my 1995 Financial Disclosure Statement. Please find enclosed for your reference a copy of Schedule 1.

The type of earned income received from both High Standard, Inc. and CAP Industries, Inc. was inadvertently classified as "Directors Fee[s]". It should have been classified as "Consulting Fee[s]".

Thank you for your assistance. Please contact Annette at 55206 with any questions.

Sincerely,

CFBass

Charles F. Bass
Member of Congress

CFB:mao

REPLY TO:
☐ 149 NORTH MAIN STREET
CONCORD, NH 03301
(603) 225-5456
☐ 170 MAIN STREET
NASHUA, NH 03060
(603) 889-6772
☐ 60 MAIN STREET
LITTLETON, NH 03561
(603) 444-1571
☐ ONE WEST STREET
SUITE 300
KEENE, NH 03431
(603) 352-4024

Name CHARLES F. BASS | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$4,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HIGH STANDARD INC	CONSULTING FEE	10,000.
	COLUMBIA ARCHITECTURAL PRODUCTS, INC	CONSULTING FEE	10,000.

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 13 AM 10:46
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MC
HAND DELIVERED
(Office Use Only)
9

HERBERT HARVELL BATEMAN
(Full Name)

2350 Rayburn HOB Washington, D. C. 20515
(Mailing Address)

202/225-4261
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: VA District: 1st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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May 14, 1997

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5/14/97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Virginia (Pension benefits)	Pension	$2769.
	Commonwealth of Virginia --Alternate Health Insurance Credit		942.

For payments to charity in lieu of honoraria, use Schedule II.

Name Herbert Harvell Bateman | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Herbert Harvell Bateman

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
JT	.70 acre commercial lot Hampton, VA						X							X								X							
JT	Parking space--Horizon House, Arl VA		X											X						X									
	Legg Mason Value Trust Mutual fund				X								X			X						X							P--addit sh.
	Legg Mason High Yield Bond portfolio			X											X						X								P--addit sh.
	Templeton World fund--Mutual fund		X										X			X					X								P--addit sh.
	Templeton World Fund--Retirement Acct.					X							X			X								X					P--addit sh.

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Herbert Harvell Bateman

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Templeton World Fund retirement acct.			X									X			X						X							P--addit sh
	Avalon Properties - REIT		X										X						X										
	USF&G		X										X						X										
	Westinghouse FL		X										X						X										
	Smithfield Food Inc			X																									
	Jefferson Natl Bank (Checking acct)				X										X					Includes distribution					X	from estate			
S	Jefferson Natl Bank stock		X										X							X									P--addit sh
S	Interest estate of Laura Yacobi		X																										$56,000 distributed by estate
	Crestar Bank (Formerly Tidemark)		X										X						X										E
	Nations Bank checking acct		X												X				X										
S	Prudential Insurance												X						X										
	Cong. Fed Credit Union	X													X				X										
	Zweig Strategy Fund class C		X										X			X				X									
	Camden Property Trust		X										X						X										
	VA Dept taxation																				X								Tax refund

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Herbert Harvell Bateman

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: A $1,001–$15,000	B $15,001–$50,000	C $50,001–$100,000	D $100,001–$250,000	E $250,001–$500,000	F $500,001–$1,000,000	G $1,000,001–$5,000,000	H $5,000,001–$25,000,000	I $25,000,001–$50,000,000	J Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Zweig Mutual Fund	X			5/6/96	X									
	Legg Mason Value Trust	X			Various	X									
	Templeton World Fund	X			Various	X									
	Templeton World Fund Retirement accts	X			Various		X								
	Legg Mason High Yield Portfolio	X			Various	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE OVER $10,000.											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Shipbuilding Assn.	April 11-13	Wash,DC--New Orleans--Wash DC	Y	Y	N	N

This page may be copied if more space is required.

Name	Herbert Harvell Bateman	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

HERBERT H. BATEMAN
1st DISTRICT, VIRGINIA

COMMITTEES:
NATIONAL SECURITY
CHAIRMAN, SUBCOMMITTEE ON MILITARY READINESS
CHAIRMAN, MERCHANT MARINE PANEL
MEMBER, SUBCOMMITTEE ON RESEARCH AND DEVELOPMENT
MEMBER, MORALE, WELFARE AND RECREATION PANEL
TRANSPORTATION AND INFRASTRUCTURE
MEMBER, SUBCOMMITTEE ON SURFACE TRANSPORTATION
MEMBER, SUBCOMMITTEE ON WATER RESOURCES AND ENVIRONMENT
CO-CHAIRMAN, CONGRESSIONAL AVIATION AND SPACE CAUCUS

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97 MAY 13 AM 10:46
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WASHINGTON, DC 20515-4601
(202) 225-4381

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NEWPORT NEWS, VA 23606-2545
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PRINCE GEORGE, VA 23875
(804) 520-3275

BOX 447
ACCOMAC, VA 23301-0447
(757) 787-7836

IN VA CALL TOLL FREE
1-800-364-8527

Congress of the United States
House of Representatives
Washington, DC 20515-4601

HAND DELIVERED

May 6, 1997

1

MC

The Honorable James Hansen
Chairman
Committee on Standards of Official Conduct
HT2 Capitol
Washington DC 20515

Dear Mr. Chairman:

In preparing my financial disclosure form for calendar year 1996, I discovered an omission of data on my 1995 form.

While I did list ownership of stock of Smithfield Food Co., in 1995, I overlooked placing a check mark in Column "C" ($15,000 - $50,000). My prior year form for 1994 did indicate Smithfield Food Co. stock and a value of $15,000 - $50,000. There were no dividends received in any year.

Please regard this letter as a request for correction of my 1995 disclosure statement to reflect a check mark in Column "C" noting the value of my ownership of Smithfield Food Co. stock.

With kind regards, I am

Sincerely,

Herbert H. Bateman
Member of Congress

HHB/dfs

THIS MAILING WAS PREPARED, PUBLISHED, AND MAILED AT TAXPAYER EXPENSE.

HERBERT H. BATEMAN
1st DISTRICT, VIRGINIA

COMMITTEES

NATIONAL SECURITY

CHAIRMAN SUBCOMMITTEE ON MILITARY READINESS

CHAIRMAN, MERCHANT MARINE PANEL

MEMBER, SUBCOMMITTEE ON RESEARCH AND DEVELOPMENT

MEMBER, MORALE, WELFARE AND RECREATION PANEL

TRANSPORTATION AND INFRASTRUCTURE

MEMBER, SUBCOMMITTEE ON SURFACE TRANSPORTATION

MEMBER, SUBCOMMITTEE ON WATER RESOURCES AND ENVIRONMENT

CO-CHAIRMAN, CONGRESSIONAL AVIATION AND SPACE CAUCUS

INSIDE MAIL

97 JUN -6 PM 4:01

Congress of the United States
House of Representatives
Washington, DC 20515–4601

2350 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–4601
(202) 225–4261

DISTRICT OFFICES:

739 THIMBLE SHOALS BLVD.
NEWPORT NEWS, VA 23606–2545
(757) 873–1132

4712 SOUTHPOINT PARKWAY
FREDERICKSBURG, VA 22407
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June 5, 1997

RECEIVED
97 JUN -6 AM 9:43
COMMITTEE ON STANDARDS

1

MC

Honorable James Hansen, Chairman
Committee on Standards of Official Conduct
Room HT-2 Capitol
Washington, D. C. 20515

Dear Mr. Chairman:

I write to amend my Schedule V Financial Disclosure Form to reflect a mortgage on my Arlington, Virginia, residence with an outstanding balance between $50,000 and $100,000. This mortgage was not set forth in my original filing for Calendar Year 1996 or prior years as it was regarded as a "mortgage on your personal residence."

The mortgage includes as security our condominium in the Horizon House, 1300 Army-Navy Drive, Arlington, Virginia, and two parking spaces, one of which is leased and generates rental income of $600 a year, which is reported on Schedule III.

You advised that because there is unearned income from the parking space and it is covered by the mortgage, the mortgage should be reported even though it is essentially a residential mortgage.

For the reason set forth, I request that Schedule V of my most recent Financial Disclosure Statement and prior years' statements be amended to reflect this mortgage.

Sincerely,

Herbert H. Bateman
Member of Congress

THIS MAILING WAS PREPARED, PUBLISHED, AND MAILED AT TAXPAYER EXPENSE

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 6:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

Xavier Becerra
(Full Name)

1910 Sunset Blvd #560
Los Angeles, CA 90026
(Mailing Address)

Daytime Telephone
213-483-1425

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 30th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period?. **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-15-97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	George Washington University Hospital	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Xavier Becerra | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	Mr. Spencer R. Kaitz, President, CA Cable Assoc.	Speech	Sept. 6, 1996	$1,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Xavier Becerra

Page 4 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Home Savings - Checking Acct.														X					X									
	152 Duddington, SE, Washington, DC					X								X									X						
	1005 E. Mooney Dr., Monterey Park					X								X									X						
	Congressional Federal Credit Union -- Checking Acct.														X					X									
	Allstate Insurance -- IRA														X				NA										
	1633 Hill Drive, LA, CA						X								X									X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra

Page 6 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	MFS Total Return Fund		X										X							X									
	MFS Total Return Fund		X										X							X									

This page may be copied if more space is required.

Name Xavier Becerra

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wells Fargo Bank	Mortgage 1005 E. Mooney Monterey Park, CA			X							
	Bank of America	Mortgage 1633 Hill Dr. Los Angeles, CA					X					
	Chevy Chase	Mortgage 152 Duddington, SE Washington, DC				X						
	Stafford Loan - Boston, MA	Education Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Plotter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Xavier Becerra | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Calif. Cable Television Assoc.	Aug. 9	Los Angeles-Lake Tahoe-LA	N	N	N	N
	Hispanic National Bar Assoc.	Oct. 4-7	Wash.,D.C.-Miami-Wash.,D.C.	Y	Y	N	3 Days
	Central California Hispanic Chamber	Oct.9-10	Los Angeles-Fresno-LA	Y	Y	N	N
	Southwest Voter Research Institute	Dec 5-10	Wash.,D.C.-Cuba-Wash.,D.C.	Y	Y	Y	N

This page may be copied if more space is required.

Name	Xavier Becerra	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Governors	Los Angeles Metropolitan Project (LAMP)
Trustee	Pitzer College
Board Member	National Association of Latino Appointed & Elected Officials (NALEO)
Board Member	Congressional Hispanic Caucus Institute
Board Member	Close Up Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO. 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

(8)

RECEIVED
LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

Kenneth Edward Bentsen, Jr.
(Full Name)

128 Cannon
(Mailing Address)
Washington, D.C. DC 20515

Daytime Telephone:
202-225-7508

Filer Status	[X] Member of the U.S. House of Representatives	State TX District: 25	[ ] Officer or Employee	Employing Office	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	HAND DELIVERED

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? If yes, complete and attach Schedule I — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV. — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI. — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII. — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. — Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-13-97

Name Kenneth Edward Bentsen, Jr. | Page 2 of 9

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Mays Department Stores	Marketing	$700 00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Southwest Airlines	$1,001 - $15,000	Dividends	None - $200	NA
Fidelity Cash Reserves	None - $1,000	Interest	None - $200	NA
Fidelity Puritan IRA	$15,001 - $50,000	Dividends and Cap Gains	$1,001 - $2,500	P
Fidelity Magellan IRA	$15,001 - $50,000	Dividends and Cap Gains	$2,501 - $5,000	NA
Fidelity Capital & Income IRA	$1,001 - $15,000	Dividends and Cap Gains	$201 - $1,000	NA
Fidelity Contrafund IRA	$1,001 - $15,000	Dividends and Cap Gains	$1,001 - $2,500	P
Fidelity Growth & Income IRA	$15,001 - $50,000	Dividends and Cap Gains	$201 - $1,000	P
GKB 401k Account	$15,001 - $50,000	Dividends and Cap Gains	$1,001 - $2,500	S
GKB Profit Share Account	$1,001 - $15,000	Dividends and Cap Gains	$201 - $1,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Estate of Edna R. Bentsen	$1,001 - $15,000	Interest	$5,001 - $15,000	NA
	KEB 91 Trust Estate LMB,Sr.	$100,001 - $250,000	Dividends	$1,001 - $2,500	NA
	87 Trust from LMBentsen, Sr.	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
	Estate of Edna R. Bentsen LMB Partnership				
		$100,001 - $250,000	Dividends	$1,001 - $2,500	NA
SP	Fidelity Puritan IRA	$1,001 - $15,000	Cap Gains and Dividends	$201 - $1,000	NA
SP	Fidelity Magellan IRA	$1,001 - $15,000	Cap Gains and Dividends	$201 - $1,000	NA
JT	Property at 2125 Goldsmith Houston, Texas				
		$250,001 - $500,000	Rent	$15,001 - $50,000	NA

Name Kenneth Edward Bentsen, Jr

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	GKB 401 (k) Account	Sold	4/9/96	$15,001 - $50,000
	Fidelity Puritan IRA	Purchase	4/9/96	$1,001 - $15,000
	Fidelity Contrafund IRA	Purchase	4/9/96	$1,001 - $15,000
	Fidelity Growth and Income IRA	Purchase	4/9/96	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Chase Mortgage Company	Mortgage on 2125 Goldsmith	$100,001 - $250,000

Name Kenneth Edward Bentsen, Jr. | Page 7 of 8

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Bankers Association-Securities Division	1/11-13/96	Washington-Miami-Houston	Y	Y	Y	no

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
12/24/94	Kenneth E. Bentsen, Jr. and George K. Baum & Company	Deferred Compensation for work in 1994

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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DMC

DOUGLAS KENT BEREUTER
(Full Name)

2184 Rayburn Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-4806

Filer Status					
	[X] Member of the U.S. House of Representatives	State: NE District: 01	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Doug Bereuter

DATE (Month/Day/Year): May 14, 1997

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Arlington County - Virginia School Board	Spouse salary	Income

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source		Activity	Date	Amount
Exemples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
				$
NONE				

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT Savings Account, Calvert Group, Kansas City, MO	$1,001 - $15,000	Interest	None - $200	NA
DC Savings Account, Calvert Group, Kansas City, MO (Kirk)	$15,001 - $50,000	Interest	None - $200	NA
IRA Account, U S A A., San Antonio, Texas	$15,001 - $50,000	Interest	NA	NA
SP IRA Account, U.S.A.A., San Antonio, Texas	$15,001 - $50,000	Interest	NA	NA
SP Retirement Account, Teachers Retirement Fund, Arlington, VA	$15,001 - $50,000	NA	NA	NA
JT Checking Account, First Virginia Bank, Falls Church, Virginia	$1,001 - $15,000	Interest	None - $200	NA
JT Checking Account, Cornhusker Bank, Lincoln, Nebraska	$1,001 - $15,000	Interest	None - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

S	One-quarter shareholder in family corp. owning 38 acres of land & residence in unincorporated portion of Summit County, CO & a parcel with storage building in Utica, NE; & shared interest with extended family of farmland & pastureland in Reno County, KS. My individual interest in Rano County real estate is 1/24 and 1/36 of separate parcels. No earned income	$100,001 - $250,000	NA	None - $200	NA
DC	NOW Account, First Virginia Bank, Falls Church, Virginia (Kirk)	$1,001 - $15,000	Interest	None - $200	NA
JT	Mutual Funds, U.S.A.A. , San Antonio, Texas	$1,001 - $15,000	Capital Gains and Dividends/interest	$2,501 - $5,000	NA
DC	Mutual Funds, U.S.A.A., San Antonio, Texas (Kirk)	None - $1,000	Capital Gains and Dividends/interest	$2,501 - $5,000	NA
SP	403B(7) Account, U.S.A.A., San Antonio, Texas	$15,001 - $50,000	NA	None - $200	NA
DC	Merchantile Bank, Checking Account, Kansas City, MO (Kirk)	None - $1,000	NA	None - $200	NA

Name DOUGLAS KENT BEREUTER | Page 6 of 11

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	NONE			

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	NONE		

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule

For further information, see Instructions, pages 22-24

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
		$
NONE		

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Asia Society, Conference on Asia and the US in the 1st Decade of 21st Century, Williamsburg, VA (member paid for own travel expenses)	4/25-28/96	Wash, DC - Newport News, VA-Wash, D.C.	Y	Y	N	N
Chicago Council on Foreign Relations, Atlantic Conference, Marbella, Chile (source paid for travel expenses to Chile, member's return trip paid for by U.S. govt. funds in connection with unrelated trip to North Atlantic Assembly mtg.)	11/13-16/96	Wash, DC - Santiago, Chile	Y	Y	N	N

Name DOUGLAS KENT BEREUTER | Page 10 of 11

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Board of Trustees	Nebraska Wesleyan University, Lincoln, Nebraska

Name DOUGLAS KENT BEREUTER | Page 11 of 11

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
	NONE	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(9)

97 JUN -5 AM 9:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

CONGRESSMAN HOWARD L. BERMAN
(Full Name)

2330 Rayburn Building
Washington, D.C. 20515
(Mailing Address)

202 225-4695
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 26th	[X] Officer or Employee	Employing Office: HOWARD L. BERMAN
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [XX]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [XX]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [XX]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XX]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Howard L. Berman

DATE (Month/Day/Year): 6/4/97

Name	HOWARD L. BERMAN	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule ii.

Name HOWARD L. BERMAN

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1996	$500
CA Cable TV Association Oakland, CA	Speech	Aug. 9, 1996	$1,000
The Connell Company Westfield, New Jersey	Speech	Dec. 6, 1996	$2,000
CA Cable TV Association Oakland, CA	Speech	Dec. 13, 1996	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name HOWARD L. BERMAN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, OC, JT	*Examples:*	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.						X						X											X				
			1st Bank of Paducah, KY accounts				X									X						X								
	NONE																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name HOWARD L. BERMAN

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–96		X								
	NONE															

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Name HOWARD L. BERMAN | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal Credit Union	Loan	X									
	Citibank	Credit Card Revolving Account	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name HOWARD L. BERMAN

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Confederation of Indian Industry	1/13-22	L.A.-New Delhi-L.A.	Y	Y	Y	N
World Economic Forum	2/3-5	L.A.-Davos-L.A.	Y	Y	N	N
CA Cable TV Association	8/9	L.A.-Incline Village, NV-L.A.	N	N	N	N
The Aspen Institute	8/18-24	L.A.-St.Petersburg,Russia -L.A.	Y	Y	Y	N
The Connell Company	12/6	WDC-Westfield,N.J.-WDC	N	Y	N	N
CA Cable TV Association	12/13	L.A.-Anaheim,CA-L.A.	N	Y	N	N

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Name HOWARD L. BERMAN	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 3:14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(9)

ROBERT MARION BERRY
(Full Name)

1706 Longworth H. O. B., Washington, D.C. 20515 (202) 225 -4076
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: ARKANSAS District: 1ST	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Robert Marion Berry

DATE (Month/Day/Year) 5-14-97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Carmar Lowe, Inc. (Spouse)	Directors Salary	$3,600.00
U.S. D.A., Office of Fin & Mgmt.	Salary	$19,354.00

For payments to charity in lieu of honoraria, use Schedule II.

Name ROBERT MARION BERRY | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROBERT MARION BERRY

Page 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Marion Berry, Inc.					X													X None										
	Pecan Post, Inc.						X												X None										
	Berry Land Co. Partnership					X								X										X					
	Greenhead Hunting Club of Gillett, AR, Inc.		X																X None										
SP	Carmar Lowe, Inc.					X							Directors Fee							X									
	Riceland Foods, Inc.			X															X None										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT MARION BERRY

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	Planters and Merchants Bank of Gillett, AR		X										X							X									
	Southern Farm Bureau Life		X										X						X										
	New York Life Insurance			X															X										
	N.W. National Life		X																X										
	Highway 1 Bypass, DeWitt, AR			X												X							X						S
	Main Street Gillett, AR	X																	X None										
	Marion Berry, Inc Profit Share			X															X None										
	U.S.D.A., Retirement			X																				X					S

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name ROBERT MARION BERRY

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Highway 1 Bypass Land, DeWitt, AR		X		12-23-96		X								

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Name ROBERT MARION BERRY | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Planters and Merchants Bank of Gillett, AR	UNSECURED			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name ROBERT MARION BERRY | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

This page may be copied if more space is required.

Name ROBERT MARION BERRY	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Berry Land Co.
Spouse Director/Officer	Carmar Lowe, Inc.
Director/Officer	Greenhead Hunting Club of Gillett, Arkansas, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
10/93	Marion Berry, Inc.	I will retain my benefits under the profit sharing plan of Marion Berry, Inc.
10/93	Marion Berry, Inc.	I will return to my employment with Marion Berry, Inc. upon leaving government service.
10/93	Greenhead Hunting CIub of Gillett, AR, Inc.	I will return to my employment with Greenhead Hunting Club of Gillett, AR, Inc. upon leaving government service
10/93	Carmar Lowe, Inc.	My wife will continue as a director of Carmar Lowe, Inc.

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(4)

97 MAY 15 PM 4:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Brian Phillip Bilbray
(Full Name)

1530 Longworth HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-2040

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 49	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., eggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Brian P. Bilbray

DATE (Month/Day/Year): 5/15/97

250

Name	Brian Phillip Bilbray	Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bilbray Tax Service	Spouse, self-empl	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Brian Phillip Bilbray	Page 3 of 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
Associated Equipment Manafacturers	speech	Feb 1996	$100.00
San Diego Municipal Finance Officers Assoc	speech	Feb 1996	$100.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Brian Phillip Bilbray

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	DC 123 Main St., Dover, Del.							X						X											X				
	JT 1st Bank of Paducah, KY accounts					X									X							X							
JT	USAA Money Acct		X										X																
JT	San Diego County Credit Union Acct		X											X															
DC	Wells Fargo Acct		X											X															
DC	Wells Fargo Acct		X											X															
JT	Hexcel Stock		X										X																

For additional assets and unearned income, use next page.

BRIAN P. BILBRAY
49TH DISTRICT, CALIFORNIA

COMMERCE COMMITTEE

SUBCOMMITTEE ON
HEALTH AND ENVIRONMENT

SUBCOMMITTEE ON
COMMERCE, TRADE, AND
HAZARDOUS MATERIALS

SUBCOMMITTEE ON
OVERSIGHT AND
INVESTIGATIONS

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE

1530 LONGWORTH HOUSE OFFICE BLDG
WASHINGTON DC 20515
(202) 225-2040
FAX (202) 225-2948

DISTRICT OFFICE

1011 CAMINO DEL RIO SOUTH
SUITE 330
SAN DIEGO CA 92108
(619) 291-1430
FAX (619) 291-8956

INTERNET

E mail
bilbray@hr house gov

World Wide Web
http://www house gov/bilbray

June 19, 1997

Ms. Robin H. Carle
The Clerk, U.S. House of Representatives
Legislative Resource Center
1036 Longworth House Office Building
Washington, DC 20515-6612

5

MC

Dear Ms. Carle:

Please accept this Amendment of my 1996 Financial Disclosure statement. During examination of my 1996 Disclosure, The Committee on Standards found that I failed to fill out the "Amount of Income" in Block D of Schedule III. I have also added Bantec Stock to my statement and deleted the two Wells Fargo accounts.

Thank you for your attention to this matter and if you have questions, please call Suzanne Michel in my office.

Sincerely,

Brian P. Bilbray

Brian P. Bilbray
Member of Congress

BPB:sm

HAND DELIVERED

97 JUN 12 PM 3:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN 12 PM 3:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Brian Phillip Bilbray
(Full Name)

1530 Longworth HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-2040

Filer Status	[x] Member of the U.S. House of Representatives	State: CA District: 49	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
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SIGNATURE OF REPORTING INDIVIDUAL: Brian P. Bilbray

DATE (Month/Day/Year): 5/15/97

Name Brian Phillip Bilbray | Page 2 of 4

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Name Brian Phillip Bilbray | Page 3 of 4

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San Diego Municipal Finance Officers Assoc	speech	Feb 1996	$100.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Brian Phillip Bilbray

Page 4 of 4

BLOCK A — Asset and/or Income Source

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Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

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BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		BLOCK B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E: P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock			X								X							X								P
			123 Main St., Dover, Del.						X						X										X				
			1st Bank of Paducah, KY accounts				X									X						X							
JT	USAA Money Acct			X										X						X									
JT	San Diego County Credit Union Acct			X												X				X									
JT	Hexcel Stock			X										X						X									
JT	Bantec Stock			X										X						X									

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 AM 11:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Michael Bilirakis
(Full Name)

2369 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5755

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 09	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael Bilirakis

DATE (Month/Day/Year): 5/14/97

Name Michael Bilirakis | Page 2 of 9

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
	Keane State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
Examples:	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Estate of Verga	Personal Representative	$ 7,883.65
	Estate of Mahnart	Personal Representative	$ 3,343.01

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Queens College, Center for Byzantine & Greek Modern Studies, Flushing, NY	Speech	May 31, 1996	$ 500
(Honorarium payable to St. John Greek Orthodox Church, Tampa, Fl)			

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Office Bldg-4538 Bartelt Rd., Holiday, FL	$50,001 - $100,000	Rent	$5,001 - $15,000	
JT	Bellhaven Apts, Dunedin, Fl (1/2)	$1,001 - $15,000	No operational interest	None - $200	
JT	Rental Condo-Gataway Towers, Pittsburgh, PA	$15,001 - $50,000	Rent	$2,501 - $5,000	
SP	Bldg. (1/2), Athens & Pinellas, TarponSprings, FL	$15,001 - $50,000	Rent	None - $200 NET LOSS	
SP	1/2 of 2 lots(unimproved), Hope Subdiv, Tarpon Springs, FL	$1,001 - $15,000		None - $200	
JT	House-306 Driftwood Dr., Palm Harbor, FL	$100,001 - $250,000		None - $200	
JT	Nationa Bank of FL (CDs & Savings)	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Barnett Bank(MM& Checking)	$15,001 - $50,000	Interest	$201 - $1,000	
JT	SunTrust Bank (CD, Savings, Stock)	$15,001 - $50,000	Interest	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Cong. Fed. Credit Union (CDs, Checking, Savings)	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	A.G. Edwards Cash Fund	$1,001 - $15,000	Interest	None - $200	
	Holiday Fish & Chips Corp.	$50,001 - $100,000		None - $200	
SP	Fortis Securities	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Ceasers World Stock (100sh)	$1,001 - $15,000		None - $200	
SP	Wash. St. Power Supply Bond	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Armstrong County Bond	None - $1,000	Interest	$201 - $1,000	
SP	First Nat. Bank of Pasco-Stock	$1,001 - $15,000		None - $200	
JT	First Union Corp.-Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	First Union Corp.-Stock-IRA	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	A.G. Edwards-Daily Cash Accumulation Fund - IRA	$1,001 - $15,000	Interest	None - $200	
SP	Putnam High Income Govt. TR IRA	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Life of George - IRA	$1,001 - $15,000	Interest	$201 - $1,000	
	A.G. Edwards-Daily Cash Accumulation Fund - IRA	$1,001 - $15,000	Interest	None - $200	
	First Union Corp. Stock - IRA	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	Putnam High Income Govt. TP - IRA	$50,001 - $100,000	Dividends	$2,501 - $5,000	
	A.G. Edwards-Stock - IRA	$15,001 - $50,000	Dividends	$201 - $1,000	
	IBM - Stock - IRA	$50,001 - $100,000	Dividends	$201 - $1,000	
JT	Keranikoles Mortgage, 529 Grand Ave,Tarpon Sp, FL	$15,001 - $50,000	Interest	$201 - $1,000	
	Innovet, Inc. - Stock - IRA	None - $1,000		None - $200	
SP	IBM Stock - IRA	$15,001 - $50,000	Dividends	None - $200	
JT	Kemper Municipal Bond Fund	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Foner Stock (Common Sold - Preferred Retained)	$1,001 - $15,000		None - $200	S
JT	Tech Data Stock	$1,001 - $15,000	Dividends	None - $200	
	Checkers Stock - IRA	$1,001 - $15,000		None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Adelphia Stock - IRA	$1,001 - $15,000		None - $200	
SP	Adelphia Stock - IRA	$1,001 - $15,000		None - $200	
SP	Checkers Stock - IRA	None - $1,000		None - $200	
JT	Morrison-Knudson Stock	None - $1,000		None - $200	P, E
JT	Checkers Stock	None - $1,000		None - $200	
	Tech Data Stock - IRA	$1,001 - $15,000		None - $200	
	Morr-Knudson Stock - IRA	None - $1,000		None - $200	
	Tarpon Foods (Sold 12-1-88)	None - $1,000	Bad Debt Recovery	None - $200	
JT	Audiovox Stock	$1,001 - $15,000		None - $200	P
	Audiovox Stock - IRA	$1,001 - $15,000		None - $200	P
JT	Suburban Prop. Stock	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Peoples Bank Stock	$1,001 - $15,000		None - $200	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Peoples Bank Stock	Purchase	2-96	$1,001 - $15,000
JT	Suburban Propane Stock	Purchase	7-12-96	$1,001 - $15,000
JT	Audiovox Stock	Purchase	7-12-96	$1,001 - $15,000
JT	Morrison-Knudsen Stock	Purchase	1-30-96	$1,001 - $15,000
	Audiovox Stock - IRA	Purchase	1-30-96	$1,001 - $15,000
JT	Fonar Stock	Sold	1-30-96	$1,001 - $15,000
JT	Morrison-Knudsen Warrents - Per Reorganization Exchange of Each Share	Exchange	10-4-96	$1,001 - $15,000

Name Micheel Bilirakis | Page 8 of 9

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personel residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delawere	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
JT	Barnett Bank, Holiday, FL	Mortgage on 4536 Bartelt Rd.,Holiday, FL(Law Office)	$50,001 - $100,000
JT	Cong. Fed. Credit Union	Acquired loan for son (secured by CD)	$15,001 - $50,000
	Northwestern Mutual	Cash velue loen on life insurence - 4/23/96	$15,001 - $50,000
	Southeast Financial	Personel Loan - 3/15/96	$15,001 - $50,000

SCHEDULE VIII -- POSITIONS

Raport all positions, compensated or uncompansated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employea, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Presidant/Director	Holiday Fish & Chips Corp.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 2:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

(Full Name) SANFORD D. BISHOP, Jr.

(Mailing Address) 1433 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515

Daytime Telephone (202) 225-3631

Filer Status	[X] Member of the U.S. House of Representatives — State GA District: 2nd	[ ] Officer or Employee — Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Sanford D. Bishop Jr.

DATE (Month/Day/Year) 5/15/97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: SANFORD D. BISHOP, Jr.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
													DIVIDENDS / RENT / INTEREST / CAPITAL GAINS / EXCEPTED TRUST / QUALIFIED BLIND TRUST	I None – $200 / II $201 – $1,000 / III $1,001 – $2,500 / IV $2,501 – $5,000 / V $5,001 – $15,000 / VI $15,001 – $50,000 / VII $50,001 – $100,000 / VIII $100,001 – $1,000,000 / IX $1,000,001 – $5,000,000 / X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X	X	P
	123 Main St., Dover, Del.							X					X		
	1st Bank of Paducah, KY accounts					X							X	X	
	Amsouth Bank, N.A.		X										X	X	
	1st. Union Bank of D.C.		X										X	X	
	South Trust Bank of Cols., N.A.		X										X	X	
	Signet Bank		X										X	X	
	Congressional Fed. Cred. Un.	X											X	X	
	Lot 24A Lakemont Heights Hartwell, GA		X											X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SANFORD D. BISHOP, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	House and Lot 4129 Roman Dr. Columbus, GA				X									X								X							
	Legislative Retirement System 2 Northside, Atlanta, GA 30318		X																X										
JT	House and Lot 311 Yeates St. Starkville, MS			X										X					X										
*JT	Commonwealth Bank		X												X				X										
*JT	Merrill Lynch CMA Money Acct.			X									X						X										
*JT	Prudential Securities				X								X						X										
*JT	Bank of N.Y. Unit Investment Trust		X												X				X										
	* All income paid to Joint Tenant																												

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SCHEDULE IV — TRANSACTIONS

Name SANFORD D. BISHOP, Jr.

Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Atlanta, GA Special Purpose Fasc.Rev.Bo		X		5-28-96	X									
	Merrill Lynch Munc. Inv. Accum. Prog.		X		5-24-96	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Fed. Credit Union	Revolving Chrg. Acct.	X									
	Suntrust Bankcard, N.A.	Revolving Chrg. Acct.	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nat'l Security Caucus Foundation	Dec. 2 - Dec. 7, '96	Wash., D.C. to Belgrade				
			Serbia to Padgorica				
			Montenegro to Zagreb				
			Croatia to Wash., D.C.	Y	Y	N	

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	A.J. McClung YMCA, 1175 M.L.K. Jr. Blvd., Columbus, GA
Board Member	William H. Spencer Golden Owlettes, Columbus, GA
Board Member	Tubman African American Museum, 340 Walnut St. Macon, GA 31208
Board Member	Liberty Theatre Cultural Center, Inc., 823 8th Avenue, Columbus, GA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO. 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN 12 PM 3:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED (2)
MC
(Office Use Only)

SANFORD D. BISHOP, Jr.
(Full Name)

1433 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone (202) 225-3631

Filer Status	[X] Member of the U.S. House of Representatives	State GA District 2nd	[ ] Officer or Employee	Employing Office	
Report Type	[ ] Annual (May 15)	[X] Amendment Annual1996 May 15	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Sanford D. Bishop Jr.

DATE (Month/Day/Year) 6/12/97

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Fed. Credit Union	Revolving Chrg. Acct.	X									
	Suntrust Bankcard, N.A.	Revolving Chrg. Acct.	X									
	Homeside Lending, Inc. Jacksonville, Florida	Home Mortgage			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES

✓ 2

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Sanford D. Bishop, Jr.
(Full Name)

1433 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-3631

Filer Status	[X] Member of the U.S. House of Representatives — State: GA District: 2nd	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[ ] Annual (May 15)	[X] Amendment Annual May 15, 1995 — [ ] Termination — Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Sanford D. Bishop, Jr.

DATE (Month/Day/Year) 6/12/97

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Sanford D. Bishop, Jr.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset — A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: Type of Income — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: Amount of Income — I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Merrill Lynch Municipal Bond Investment Trust		X										X							X									
	Amsouth Bank, N.A.		X												X				X										
	1st Union Bank of D.C.		X												X				X										
	Congressional Fed. Credit Union	X													X				X										
	Lot 24A Lakemont Heights Hartwell, Georgia		X																X										
	Legislative Retirement System 2 Northside, Atlanta, GA 30318		X																X										

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 19 PM 4:13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MAY 14 1997
(Office Use Only)

Rod R. BLAGOJEVICH
(Full Name)

3659 N MOZART
(Mailing Address)

773-868-3247
Daytime Telephone

CHICAGO IL 60618

Filer Status	[X] Member of the U.S. House of Representatives	State: ILLINOIS District: 5th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Rod Blagojevich

DATE (Month/Day/Year): 5/11/97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF Illinois -	State Representative Salary	$44,512.28
	Rod Blagojevich - Atty at Law	Sole Proprietorship Law Practice	Gross $124,997.00 Net $112,758
	R.T. Mell Spring + Mfg Inc. Chicago IL	Spouse Salary	N/A

For payments to charity in lieu of honoraria, uae Schedule Ii.

Name Rod R. Blagojevich | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X										X					
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	First Natl Bank of Chicago Money Mkt		X												X					X									
	First Natl Bank of Chicago Certificate of Deposit			X											X					X									
SP	Merrill Lynch IRA		X												X					X									
SP	CD America Bank Newark, DL													X									X						
SP	Condominium 1st floor W. Melrose Chicago IL Unit A1					X																							
JT	Illinois College Savings Bonds General Obligation 2012		X												X				X										
JT	John Hancock - Boston MA Spec. Opportunities Fund Class B			X									X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rod R BLAGOJEVICH

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	John Hancock - Boston, MA TAX Exempt Income Fund Class B		X										X			X				X								
JT	Ambulers Municipal Bond Money Mkt. Vally Forge PA			X									X							X								
	John Hancock Sep IRA Special Opportunities Fund Class B			X									X			X			N/A			IRA						P
	AIM Sep IRA Rollover from Constellation Fund (Vanguard IRA's)		X										X			X			N/A			IRA						P
	General Assembly Retirement System St. of Illinois Retirement Acct			X											X				N/A		Retirement							

This page may be copied if more space is required.

Name Rod R. BLAGOJEVICH | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
S	First STAR Bank, Chicago IL	Mortgage on 6300 W Melrose Chicago IL unit A1		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Rod R. Blagojevich | Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
State Representative	Illinois General Assembly - 33rd District
Sole Proprietor	Rod Blagojevich Attorney At Law

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
Various dates when each case was signed. All before 1/7/97.	Clifford Law Offices, Chicago, IL.	Co-counsel fees on outstanding legal
	Sussman Selig + Ross, Chicago, IL.	cases which preceeded Jan. 7, 1997 to
	Law Offices of Michael Nicholson, Chgo	be paid on a contingency basis
	Kaplan and Sobosky, Chicago, IL	upon the settlement of the case.

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY -8 PM 2:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

5

Thomas J. Bliley, Jr.
(Full Name)

2409 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-2815

Filer Status					
	[X] Member of the U.S. House of Representatives	State: VA District: 07	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [X]	No [ ]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom Bliley

DATE (Month/Day/Year): 5-8-97

Name Thomas J. Bliley, Jr. | Page 1 of 4

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
American Society of Plastic and Reconstructive Surgeons		Speech	07/29/96	$ 500
American Society of Plastic and Reconstructive Surgeons		Speech	07/29/96	$ 500

Name Thomas J. Bliley, Jr. | Page 2 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Thomas J. Bliley, Jr. Trust	$500,001 - $1,000,000	Qualified Blind Trust	$15,001 - $50,000	
	Mary Virginia Bliley Trust	$500,001 - $1,000,000	Qualified Blind Trust	$2,501 - $5,000	
	New Economy Fund (Keogh)	$50,001 - $100,000	Dividends	NA	
	IRA-Alliance Capitol Reserve/Gov't Securities (Davenport & Co. of VA)	$15,001 - $50,000	Interest	NA	
	Prudential Insurance	$1,001 - $15,000	Interest	None - $200	
	2505 Winston Court, Glen Allen, VA	$50,001 - $100,000	None	None - $200	
	Jefferson National Bank (checking)	$1,001 - $15,000	Interest	None - $200	
	Congressional Federal Credit Union (checking)	None - $1,000	Interest	None - $200	

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Manufacturers Assn. of Central NY	1/17-18/96	Washington, DC-Syracuse, NY-Richmond, VA	Y	Y	N	None
Belmont Abbey College	5/11-12/96	Richmond, VA-Charlotte, NC-Richmond, VA	Y	Y	Y	None
CSX Corporation	5/25-27/96	Richmond, VA-White Sulphur Springs, WV-Richmond, VA	Y	Y	Y	None
Securities Industry Assn. (Mid-Atlantic District)	10/4-5/96	Richmond, VA-Hot Springs, VA-Charlottesville, VA	Y	Y	Y	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Virginia Biotechnology Research Park Authority

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 4:49

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Earl Blumenauer
(Full Name)

1113 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-4811

Filer Status					
	[X] Member of the U.S. House of Representatives	State: OR District: 03	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
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V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Earl Blumenauer

DATE (Month/Day/Year): 5/15/97

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Name Earl Blumenauer	Page 1 of 4

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Oregon-Dept. of Human Resources	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Earl Blumenauer | Page 2 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Mutal Beacon	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Mutual Discovery	$15,001 - $50,000	Dividends	$201 - $1,000	NA
T.R. Price -New Asia	$1,001 - $15,000	Dividends	None - $200	NA
Aetna Variable Encore Fund	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Aetna Fixed Plus Account	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
Neuberger & Berman Growth Portfolio	$15,001 - $50,000	Dividends	$2,501 - $5,000	NA
Scudder International Portfolio	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Alger American Small Cap	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Melissa Anne Apartments, LLC 7720 East Burnside	$50,001 - $100,000	Rent	$2,501 - $5,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Apartments 3701-3705 SE 35th Place	$50,001 - $100,000	Rent	$1,001 - $2,500	NA
	Apartments 3731 SE 35th Place	$15,001 - $50,000	Rent	$201 - $1,000	NA
	Apartments 1517 NE 8th, Wescott Court Apts, LLC	$50,001 - $100,000	Rent	$201 - $1,000	NA
	Oak Street Rowhouse 1309 SE Oak	$100,001 - $250,000	Rent	None - $200	NA
	All property mentioned above is located in Portland, Oregon				
	510-6th Street SE Apt. B, Washington, DC	$100,001 - $250,000	Rent	None - $200	P
	Bank of America(Savings)	$15,001 - $50,000	Interest	$201 - $1,000	NA
	Portland Teachers Credit Union	$15,001 - $50,000	Interest	None - $200	NA
	Schwab Money Market	$1,001 - $15,000	Interest	None - $200	P
	Crabbe/Huson Special Fund	$1,001 - $15,000	Dividends	None - $200	NA
	Crabbe/Huson Equity Fund	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Japan Fund	$1,001 - $15,000	Dividends	None - $200	P
	NIKE	$1,001 - $15,000	Dividends	None - $200	P
	Schwab 1000	$1,001 - $15,000	Dividends	None - $200	P
	Schwab Small Cap	$1,001 - $15,000	Dividends	None - $200	P
	Apartment 3410 SE 33rd, Portland, OR	$50,001 - $100,000	Rent	None - $200	P
	House 2581 NE 31st, Portland, OR	$100,001 - $250,000	Rent	None - $200	P
	Crabbe/Hudson Money Market	$1,001 - $15,000	Dividends	None - $200	E

Name Earl Blumenauer | Page 4 of 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	National Pacific Mortgage Corp. Anaheim, CA	mortgage, 1309 SE Oak Portland Oregon	$50,001 - $100,000
	Continental	mortgage, 7720 E. Burnside Portland, Oregon	$15,001 - $50,000
	West One Bank	mortgage, 3701-3705 SE 35th Place, Portland, Oregon	$15,001 - $50,000
	Private note with J.D. Holm, previous owner	mortgage, 3731 SE 35th Portland, Oregon	$15,001 - $50,000
	First Security Bank, Portland, OR	mortgage, 1517 NE Portland, Oregon	$15,001 - $50,000
	Northwest Mortgage	mortgage,510 SE 6th, Wash.DC	$100,001 - $250,000
	Midwest Loan	mortgage,510 SE 6th, Wash.DC	$15,001 - $50,000
	First Security	mortgage,3410 SE 33rd, Portland, OR	$15,001 - $50,000
	Bank of America	mortgage,2581 NE 31st, Portland, OR	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
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Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Rail Volution	Sept. 7-11	no travel DC event	Y	Y	N	yes
Rail Volution	July 19-20	DC-Denver, CO-DC	Y	N	N	no
Center for Livable Communities	July 26	DC-Miami, FL-DC	N	Y	N	no
American Public Transit Assoc	Oct. 6-8	Portland, OR-Anaheim, CA-Portland	Y	N	N	no
NW Bike Federation	Oct. 11-12	Portland, OR-Seattle, WA-Portland	Y	N	N	no
Communilty Office for Resources Efficiency	Oct. 18-19	Portland, OR-Aspen, CO-Portland	Y	N	N	no

Name Earl Blumenauer | Page 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

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Position	Organization
Board of Directors	Bicycle Federation of America
Steering Committee	Surface Transportation Policy Project

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(6)

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC INSIDE MAIL

Roy Blunt
(Full Name)

P.O. Box 278
(Mailing Address)

Strafford, Missouri 65757

Daytime Telephone 202-225-6536

Filer Status	[X] Member of the U.S. House of Representatives	State: MO District: 7	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

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V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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SIGNATURE OF REPORTING INDIVIDUAL Roy Blunt

DATE (Month/Day/Year) April 24, 1997

Name Blunt, Roy | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source		Type	Amount
Examples:	Keene State		Approved Teaching Fee	$6,000
	State of Maryland		Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)		Spouse Speech	$1,000
	Ontario County Board of Education		Spouse Salary	NA
	Southwest Baptist University Bolivar, Missouri	96	SALARY (President)	120,254.00
	1st Baptist Church Raytown, Missouri	96	Speaking fee	250.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Blunt, Roy

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction (P, S, E)
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	40 acres, house, barn 813 Madison Strafford, Mo						X							X									X						
	Commercial Bldg 113 Pine St/Strafford			X										X									X						
	10 acres Bumgarner Blvd/Strafford			X																									
	First Bankshares, Inc - Stock			X									X							X									
	Walmart Stores Inc - Stock			X									X						X										
	925 Oak Terrace - Bolivar, Mo *						X								X								X						S

For additional assets and unearned income, use next page.

* personal residence in Bolivar - sold to Southwest Baptist University - contract for deed

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Southern Baptist Annuity Plan / SBA Board			X																									

This page may be copied if more space is required.

Name Blunt, Roy | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	State Bank of Sumo – Springfield	Mortgage on 813 Madison				X						
	Greene County Bank, Stratford, Mo	Mortgage on 113 Pine Stratford		X								
	Greene County Bank, Stratford, Mo	Mortgage on 10 acres		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Blunt, Roy | Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
2-6-96	Roy Blunt and Southwest BAPTIST University	leave of absence - Associate Professor of History - for government service - periodic review -
		maintain 12/31/96 status in retirement plan

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

SHERWOOD BOEHLERT
23D DISTRICT, NEW YORK

COMMITTEES:
SCIENCE
SUBCOMMITTEE ON BASIC RESEARCH

TRANSPORTATION AND INFRASTRUCTURE
CHAIRMAN, SUBCOMMITTEE ON
WATER RESOURCES AND ENVIRONMENT
SUBCOMMITTEE ON RAILROADS

U.S. DELEGATION: NORTH ATLANTIC ASSEMBLY
CHAIRMAN, NORTHEAST AGRICULTURE CAUCUS
CHAIRMAN, MINOR LEAGUE BASEBALL CAUCUS

97 MAY 15 PM 6:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515–3223

WASHINGTON OFFICE
2246 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–3223
(202) 225–3665
FAX (202) 225–1891
E-Mail BOEHLERT@HR.HOUSE.GOV

CENTRAL OFFICE
ALEXANDER PIRNIE FEDERAL BUILDING
10 BROAD STREET
UTICA, NY 13501
(315) 793-8146
Fax (315) 798-4099

TOLL FREE 1-800-235-2525

HAND DELIVERED

MC

(8)

May 15, 1997

The Honorable Robin Carle
Clerk of the House
US House Of Representatives
H154 The Capitol Building
Washington, D.C. 20515

Dear Ms. Carle:

It has come to my attention in the course of filing my financial disclosure statement for 1996 that Individual Retirement Accounts held by me and my wife are reportable assets and should be included on all such statements.

I have included our IRAs on my 1996 statement and seek your guidance on what action might be necessary to amend previous reports. We have not made any additional contributions to either fund in the past eight years.

With warmest regards,

Sincerely,

Sherwood Boehlert
Member of Congress

SB:j

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

(4)

97 MAY 15 PM 6:08

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Sherwood Boehlert
(Full Name)

2246 Rayburn Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-3665

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sherwood Boehlert

DATE (Month/Day/Year): 5-15-97

304

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Food Marketing Institute	speech	08/22/96	$ 500
National Association of Professional Insurance Agents	speech	03/29/96	$ 1,000
Price Waterhouse LLP	speech	4/30/96	$ 2,000
The Soap & Detergent Association	speech	8/22/96	$ 2,000
Utica Chapter NYS Society of CPA	speech	2/1/96	$ 100
IPC	speech	7/9/96	$ 500

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples:* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	GPO Credit Union	None - $1,000	Interest	None - $200	NA
JT	NBT Common Stock	$15,001 - $50,000	Dividends	$201 - $1,000	NA
JT	Marietta Common Stock	None - $1,000		None - $200	S
JT	Limited Partnership; Utica Baseball Club	$1,001 - $15,000		None - $200	NA
JT	Alliance Capital Reservea Money Market	None - $1,000	Interest	$1,001 - $2,500	NA
JT	Medtronic Common Stock	$1,001 - $15,000		None - $200	P
JT	Con Med Common Stock	$1,001 - $15,000		None - $200	P
JT	Putnam Mutual Fund/Voyager	$15,001 - $50,000		None - $200	P
JT	Putnam Mutual/Capital Appreciation	$15,001 - $50,000	Dividende	$1,001 - $2,500	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Putnam Mutual/International Growth & Income	$15,001 - $50,000	Dividends	None - $200	P
JT	Putnam Mutual/International Growth	$15,001 - $50,000	Dividends	$201 - $1,000	P
JT	New Economy Fund (IRA)	$15,001 - $50,000			
SP	New Economy Fudn (IRA)	$15,001 - $50,000			

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Con Med Common Stock	Purchase	10/03/96	$1,001 - $15,000
JT	Putnam Mutual Fund/Voyager	Purchase	10/03/96	$15,001 - $50,000
JT	Medtronic Common Stock	Purchase	03/28/96	$1,001 - $15,000
JT	Putnam Mutual Fund/Capital Appreciation	Purchase	10/03/96	$15,001 - $50,000
JT	Putnam Mutual Fund/International Growth & Income	Purchase	10/03/96	$15,001 - $50,000
JT	Putman Mutual Fund/International Growth	Purchase		$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
New Hampshire Wildlife Federation	01/27/96-01/27/96	Syracuse, NY - Boston, MA - Syraucse, NY	N	N	N	no

Name Sherwood Boehlert	Page 7 of 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Limited Partner	Utica Baseball Club

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

John Andrew Boehner
(Full Name)

1011 Longworth House Office Building
(Mailing Address)

Daytime Telephone
202-225-6205

Washington, D.C. 20515

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: 8th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Andrew Boehner

DATE (Month/Day/Year): May 15, 1997

Name John Andrew Boehner	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Lazarus Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9
John Andrew Boehner	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	None			

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Name John Andrew Boehner

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

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BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X							X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Nucite Sales Inc. - Stock								X				X													X			
	Nucite Sales Inc. - Pension Plan Trust						X								NA				X										
	Nucite Sales Inc. - Profit Sharing Trust						X								NA				X										
	State of Ohio - Public Employee Retirement Plan			X											NA				X										
	State of Ohio - Deferred Compensation Plan				X										NA				X										
	Rolling Ridge Association - Real Estate Limited Partnership -owns Rolling Ridge Apts., Montana Ave., Cincinnati, Ohio			X											X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Andrew Boehner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	First National Bank of Southwestern Ohio - Accounts			X											X					X									
	Wright Patman Congressional Federal Credit Union - accounts		X												X				X										
JT	Ohio Municipal Cash Trust Mutual Fund					X							X							X									
JT	Gradison McDonald Opportunity Value Fund - Mutual Fund				X								X			X							X						
JT	Gradison McDonald Growth and Income Fund - Mutual Fund			X									X			X				X									P
JT	American Funds EuroPacific Growth Fund - Mutual Fund				X								X			X							X						
JT	American Funds Small Cap. World Fund - Mutual Fund			X									X			X					X								P
	7908 Cinti.-Dayton Rd., Suite 1, West Chester, Ohio - Office Building					X								X										X					
SP	Farm Property - Pantego, N. Carolina (gift to spouse from her father)		X											X						X									E

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SCHEDULE IV — TRANSACTIONS

Name John Andrew Boehner

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
SP	Farm Property - Pantego, N. Carolina (gift to spouse from her father)			X	3/96	X									
JT	Gradison McDonald Growth and Income Fund	X			various		X								
JT	American Funds Small Cap. World Fund	X			various		X								

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Name John Andrew Boehner | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Banc One - Middletown, Ohio	Mortgage on Office Bldg.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waivar received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Resort Development Assn. Annual Conference - Remarks to 30 Board of Director Members and Keynote Address to 1500-2000 Association Members	April 19-22	Cinti, OH - Las Vegas, NV - Cinti, OH	Y	Y	Y	N
Public Securities Assn. Annual Conference - Remarks to 320 Association Members on Legislative Issues	April 25-27	Wash, D.C. - White Sulpher Springs, WVA - Hamilton, OH	Y	Y	N	N
CSX Corp. Annual Conference - Panelist with bipartisan House and Senate Members to discuss legislative issues	May 24-27	Wash, D.C. - White Sulpher Springs, WVA (drove self back to West Chester, OH)	Y	Y	Y	1 day

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Name	John Andrew Boehner	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Officer - Non-comp.	Nucite Sales, Inc.
Limited Partner	Nucite Sales LP
Limited Partner	Rolling Ridge Associates
Director - Non-comp.	American Heart Association - Middletown, Ohio chapter

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	Nucite Sales, Inc. - Pension and Profit Sharing Plans	Continued Interest - no additional contribution
	State of Ohio - Pension and Deferred Compensation Plans	Continued Interest - no additional contribution
	Nucite Sales LP	Limited Partnership

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Use additional sheets if more space is required.

(11)

97 MAY 15 PM 6:25

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Henry Bonilla
(Full Name)

19326 Boca Del Mar
(Mailing Address)

San Antonio TX 78258

Daytime Telephone: 202-225-4511

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: H. Bonilla

DATE (Month/Day/Year): 5-15-97

Name Henry Bonilla | Page 2 of __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calender year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keane State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Herte-Hanks Television, Inc. Delaware	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry Bonilla | Page 3 of __

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing packags. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Textron, Inc	Speech	05/22/96	$ 2,000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	USAA Federal Savings Bank, San Antonio, Texas	$15,001 - $50,000	Interest	$201 - $1,000	
JT	USAA Income Stock Fund San Antonio, Texas	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	USAA Life and Annuity Co IRA San Antonio, Texas	$15,001 - $50,000	Interest		
JT	Merrill Lynch Account:				
	Alltell Corp	$15,001 - $50,000	Dividends	$201 - $1,000	S
	Boston Edison PV10	$15,001 - $50,000	Dividends	$201 - $1,000	P
	CMS Energy Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	Callaway Golf Co	$15,001 - $50,000	Dividends	None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	DPL Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
	Duff & Phelps CR Rating	$1,001 - $15,000	Dividends	None - $200	
	Fidelity Ntl Finl Inc	$1,001 - $15,000	Dividends	None - $200	S
	GPU Inc	$15,001 - $50,000	Dividends	$201 - $1,000	E
	Genl Public Utilities	$15,001 - $50,000	Dividends	$1,001 - $2,500	E
	Harte-Hanks Commnctns New	$50,001 - $100,000	Dividends	None - $200	
	J P Morgan & Co, Inc	$1,001 - $15,000	Dividends	$201 - $1,000	
	Mercury Financa Co	$1,001 - $15,000	Dividends	$201 - $1,000	
	Ntl Pwr PlcF I Spn Adr	$15,001 - $50,000	Dividends	$5,001 - $15,000	
	NY St E & Gs Company	$15,001 - $50,000	Dividends	$201 - $1,000	S
	NIPSCO Industries Inc	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	S
	Duff & Phelps Corp Pfd	$1,001 - $15,000	Dividends	None - $200	
	Pinnacle West Cap Corp	$15,001 - $50,000	Dividends	$201 - $1,000	P
	Stone Container Corp	$1,001 - $15,000	Dividends	None - $200	
	Amphenol Corp CL A	$1,001 - $15,000			
	Boston Chicken Inc	$15,001 - $50,000			
	EMC Corp Mass	$15,001 - $50,000			
	Health Mgmt Assocs Inc A	$15,001 - $50,000			
	Living Ctrs Amer Inc Com	$1,001 - $15,000			
	Medpartners Inc	$1,001 - $15,000			P
	Niag Mohawk Pwr Corp	$1,001 - $15,000			
	Pub Svc Colorado	$15,001 - $50,000			P
	Safeway Inc	$15,001 - $50,000			

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Thomas & Betts CP Tann NPV	$15,001 - $50,000			E
SP	Merrill Lynch IRA Account:	None - $1,000			
	Ameritech	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Aetna Inc PV	$1,001 - $15,000			
	Aetna Inc Pfd Vtg Cl C	$1,001 - $15,000			
	Bay Network Inc	$1,001 - $15,000			
	Boston Edison	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Callaway Golf	$15,001 - $50,000			
	CMS Energy Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	Campbell Soup Co	$15,001 - $50,000	Dividends	$201 - $1,000	
	DPL Inc	$1,001 - $15,000	Dividends	$201 - $1,000	
	EMC Corp Mass	$15,001 - $50,000			
	Federated Dept Stores	$15,001 - $50,000			P
	GPU Inc	$1,001 - $15,000			E
	HK Elec Holdings	$15,001 - $50,000	Dividends	$201 - $1,000	
	Horizon/CMS Hlthcr Corp	$1,001 - $15,000			
	Hlth Cre&Ret Corp	$15,001 - $50,000			
	Living Centers Amer Inc	$1,001 - $15,000			
	Mossimo Inc	$1,001 - $15,000			P
	Merck & Co	$15,001 - $50,000	Dividends	$201 - $1,000	
	Niag Mohawk	$1,001 - $15,000			
	NIPSCO Industries	$1,001 - $15,000	Dividends	$201 - $1,000	
	Roberthalf Intl Inc	$15,001 - $50,000			
	Saleway	$15,001 - $50,000			
	Tandem Computers Inc	$1,001 - $15,000			

Name Henry Bonilla | Page 7 of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Unicom	$1,001 - $15,000	Dividends	$201 - $1,000	
	Vishay Intertechnology	$1,001 - $15,000			
SP	New America High Income Fund	$1,001 - $15,000			
SP	Merrill Lynch IRA	$250,001 - $500,000	Dividends		
DC	Merrill Lynch Trust Accounts:				
	Merrill Lynch Ready Assets	$15,001 - $50,000	Dividends	$201 - $1,000	
	CMS Energy Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	DPL Inc	$1,001 - $15,000	Dividends	$201 - $1,000	
	FPL Group	$1,001 - $15,000			
	Niag Mohawk	$1,001 - $15,000			
	PECO Energy	$1,001 - $15,000	Dividends	$201 - $1,000	S
	Alltel Corp	$1,001 - $15,000	Dividends	None - $200	
	Ameritech Corp	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Cinergy Corp	$1,001 - $15,000			
	Entergy Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
	GPU Inc	$15,001 - $50,000	Dividends	$201 - $1,000	E
	NIPSCO Industries	$1,001 - $15,000	Dividends	$201 - $1,000	
	Stone Container Corp	$1,001 - $15,000			
	Unicom Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
	General Public Utilities	$15,001 - $50,000	Dividends	$1,001 - $2,500	E
	Harte-Hanks	$1,001 - $15,000			
SP	NY St E & Gas Co (ML IRA)	$1,001 - $15,000	Capital Gains	None - $200	S
SP	Gen Public Utilities	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	IRA - USAA Life and Annuity San Antonio, TX	$15,001 - $50,000	Interest		

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Ash Park East Assoc 2835 West Chester Pike Broomell, PA	None - $1,000	Interest and Dividends	$1,001 - $2,500	
JT	ML Media Partners LP World Financial Center New York, NY	$15,001 - $50,000	Partnership Income	$5,001 - $15,000	
SP	Solectron (from ML IRA)	$15,001 - $50,000	[redacted] Gains From stock sale	$5,001 - $15,000	S
SP	DSC Communications (from ML IRA)	$1,001 - $15,000	"	$2,501 - $5,000	S
SP	Cabletron Systms (From ML IRA)	15,001 - 50,000	"	15,000 - 50,000	S

Name Henry Bonilla | Page 9 of ___

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Alltel Corp	Sold	10/30/96	$15,001 - $50,000
JT	Fidelity Ntl Finl Inc	Sold	02/08/96	$1,001 - $15,000
JT	NY ST E & GS Company	Sold	07/08/96	$15,001 - $50,000
JT	NIPSCO Industries Inc	Sold	07/11/96	$15,001 - $50,000
JT	Ornda Helathcorp	Sold	10/17/96	$1,001 - $15,000
	Public Service Colorado	Purchase	10/31/96	$15,001 - $50,000
	Madpartners Inc	Purchase	10/17/96	$1,001 - $15,000
	Harte-Hanks Communications	Purchase	n/a	$50,001 - $100,000
	Augat Inc	Exchange	12/12/96	
	Thomas & Betts Cp Tenn	Exchange	12/12/96	
	GPU Inc	Exchange	08/08/96	
	Genl Public Utilities	Exchange	08/08/96	
	Pinnacle West Cap Corp	Purchase	07/11/96	$15,001 - $50,000
	Boston Edison	Purchase	07/08/98	$15,001 - $50,000
	Ornda Healthcorp	Purchase	02/08/96	$1,001 - $15,000
SP	Cabletron Systems Inc	Sold	08/15/96	$15,001 - $50,000
	Mossimo Inc	Purchase	08/15/96	$50,001 - $100,000
	GPU Inc	Exchange	08/08/96	
	Genl Public Utilities	Exchange	08/08/98	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Boston Edison	Purchase	07/08/96	$1,001 - $15,000
	NY St E & Gas Co	Sold	07/11/86	$1,001 - $15,000
	DSC Communication Corp	Sold	06/26/98	$1,001 - $15,000
	Federated Dept Stores	Purchase	06/21/96	$15,001 - $50,000
	Solectron Corp	Sold	06/21/98	$15,001 - $50,000
	Ameritech Corp	Purchase	02/08/96	$1,001 - $15,000
	PECO Energy	Sold	02/07/96	$1,001 - $15,000
DC	United Illumin	Sold	09/22/95	$1,001 - $15,000
	Ameritech Corp	Purchase	02/08/96	$1,001 - $15,000
	PECO Energy	Sold	02/07/96	$1,001 - $15,000
SP	DSC Communications	Sold	07/1/96	$1,001 - $15,000
SP				

Name Henry Bonilla | Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Committee on United States-China Relations, NY,NY	11/30/96-12/1/96 and 12/7/96-12/10/96	San Antonio, TX-Beijing, PRC/Hong Kong-San Antonio, TX	Y		Y	12/2-7/96

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 21 PM 4:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
✓ HAND DELIVERED
MC (Office Use Only) (2)

Rep. Henry Bonilla
(Full Name)

19326 Boca Del Mar
(Mailing Address)

San Antonio, TX 78258

Daytime Telephone (202) 225-4511

Filer Status	[X] Member of the U.S. House of Representatives — State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 05/20/97

Amendment

Name Henry Bonilla | Page 2 of 2

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
The Tobacco Institute	Speech	July 23, 1996	$2000

This page may be copied if more space is required.

HENRY BONILLA
23D DISTRICT, TEXAS

1427 LONGWORTH OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4511

97 JUN 10 AM 11:04

Congress of the United States
House of Representatives
Washington, DC 20515–4323

COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION

SUBCOMMITTEE ON NATIONAL SECURITY

SUBCOMMITTEE ON AGRICULTURE

HAND DELIVERED

(13)

MC

June 10, 1997

Chairman James V. Hansen
Committee on Standards of Official Conduct
HT2 Capitol
Washington, D.C. 20515

RE: AMENDMENTS TO FINANCIAL DISCLOSURE REPORTS, 1996 AND PRIOR YEARS

Dear Chairman Hansen,

The following assets pertain to my spouse's individual retirement account. While some of the assets were purchased before I was elected to the House of Representatives, they were unintentionally left off of subsequent financial disclosure reports. I would appreciate the committee's consideration of this list as an amendment to the financial disclosure report for the corresponding year of the purchase, as well as subsequent reports where the asset and its value should have been listed.

Asset	Purchase Date	Amount of purchase
Bay Networks	09/13/93	$1,001-$15,000
Campbell Soup	04/27/95	$1,001-$15,000
Hong Kong Electric Holdings	05/11/92	$1,001-$15,000
Horizons/CMS Healthcare	12/17/93	$1,001-$15,000
Health Care Retirment Corp.	06/01/92	$1,001-$15,000
Robert Half	05/16/95	$1,001-$15,000
Tandem Computers	01/12/95	$1,001-$15,000
Vishay Intertechnology	12/05/95	$15,001-$50,000
Solectron	04/06/95	$15,001-$50,000

PLEASE REPLY TO

☐ 11120 WURZBACH, SUITE 300
SAN ANTONIO, TX 78230
(210) 697-9055

☐ 1300 MATAMOROS ST., SUITE 113B
LAREDO, TX 78040
(210) 726-4682

☐ 111 E. BROADWAY, SUITE 101
DEL RIO, TX 78840
(210) 774-6547

☐ 4400 N. BIG SPRING, SUITE 211
MIDLAND, TX 79705
(915) 686-8833

PRINTED ON RECYCLED PAPER

DSC Communication	10/27/92	$1,001-$15,000
New York State & Gas Co.	09/21/95	$1,001-$15,000
Cabletron	06/01/92	$1,001-$15,000
	08/17/92	$1,001-$15,000

In addition, my spouse has carried the New America High Income Fund, a mutual fund, since before 1992, when I was elected to Congress. An additional purchase of the mutual stock was made on 7/29/94 for between $1,001-$15,000. The total amount of the asset has remained between $1,001 - $15,000.

I am also clarifying a transaction reported in my 1996 financial disclosure statement. Stock in U.S. Healthcare was exchanged for both common and preferred stock in Aetna, Inc. My amendment includes the listing of U.S. Healthcare as an income earning asset on Schedule III, as well as the exchange transaction on Schedule IV.

My 1996 disclosure also lists the sale of PECO Energy in Schedule IV. This asset was listed in previous financial disclosure reports as Philadelphia Electric Co. In addition, I amend the listing for GPU, Inc. under my spouse's IRA to reflect dividends of between $201-$1,000.

Sincerely,

Henry Bonilla
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 JUN 10 AM 11:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Henry Bonilla
(Full Name)

19326 Boca Del Mar
(Mailing Address)

San Antonio TX 78258

Daytime Telephone: 202-225-4511

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [ ] No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 6-10-97

Name Henry Bonilla	Page 2 of 11

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Harte-Hanks Television, Inc. Delaware	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry Bonilla | Page 3 of 11

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Textron, Inc	Speech	05/22/96	$ 2,000
Tobacco Institute	Speech	7/23/96	$ 2,000

Name Henry Bonilla | Page 4 of 11

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B Value of Asset at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.	BLOCK E Transaction Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	USAA Federal Savings Bank, San Antonio, Texas	$15,001 - $50,000	Interest	$201 - $1,000	
JT	USAA Income Stock Fund, San Antonio, Texas	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	USAA Life and Annuity Co. IRA, San Antonio, Texas	$15,001 - $50,000	Interest		
JT	Merrill Lynch Account.	None - $1,000			
	Alltell Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	S
	Boston Edison PV10	$15,001 - $50,000	Dividends	$201 - $1,000	P
	CMS Energy Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	
	Callaway Golf Co.	$15,001 - $50,000	Dividends	None - $200	

Name Henry Bonilla | Page 5 of 11

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DPL Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
Dull & Phelps CR Rating	$1,001 - $15,000	Dividends	None - $200	
Fidelity Nll Finl Inc	$1,001 - $15,000	Dividends	None - $200	S
GPU Inc	$15,001 - $50,000	Dividends	$201 - $1,000	E
Genl Public Utilities	$15,001 - $50,000	Dividends	$1,001 - $2,500	E
Harte-Hanks Commnclns New	$50,001 - $100,000	Dividends	None - $200	
J P Morgan & Co, Inc	$1,001 - $15,000	Dividends	$201 - $1,000	
Mercury Finance Co	$1,001 - $15,000	Dividends	$201 - $1,000	
Nll Pwr PlcF I Spn Adr	$15,001 - $50,000	Dividends	$5,001 - $15,000	
NY St E & Gs Company	$15,001 - $50,000	Dividends	$201 - $1,000	S
NIPSCO Industries Inc	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	S
Dull & Phelps Corp Pfd	$1,001 - $15,000	Dividends	None - $200	
Pinnacle West Cap Corp	$15,001 - $50,000	Dividends	$201 - $1,000	P
Stone Container Corp	$1,001 - $15,000	Dividends	None - $200	
Amphenol Corp CL A	$1,001 - $15,000			
Boston Chicken Inc	$15,001 - $50,000			
EMC Corp Mass	$15,001 - $50,000			
Health Mgmt Assocs Inc A	$15,001 - $50,000			
Living Ctrs Amer Inc Com	$1,001 - $15,000			
Medpartners Inc	$1,001 - $15,000			P
Niag Mohawk Pwr Corp	$1,001 - $15,000			
Pub Svc Colorado	$15,001 - $50,000			P
Saleway Inc	$15,001 - $50,000			

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Thomas & Bells CP Tenn NPV	$15,001 - $50,000			E
SP	Merrill Lynch IRA Account:				
	Ameritech	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Aetna Inc PV	$1,001 - $15,000	Dividends	None - $200	
	Aetna Inc Pfd Vtg Cl C	$1,001 - $15,000	Dividends	None - $200	
	Bay Network Inc	$1,001 - $15,000			
	Boston Edison	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Callaway Goll	$15,001 - $50,000			
	CMS Energy Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	Campbell Soup Co	$15,001 - $50,000	Dividends	$201 - $1,000	
	DPL Inc	$1,001 - $15,000	Dividends	$201 - $1,000	
	EMC Corp Mass	$15,001 - $50,000			
	Federated Dept Stores	$15,001 - $50,000			P
	GPU Inc	$1,001 - $15,000	Dividends	$201 - $1,000	E
	HK Elec Holdings	$15,001 - $50,000	Dividends	$201 - $1,000	
	Horizon/CMS Hlthcr Corp	$1,001 - $15,000			
	Hlth Cre&Rel Corp	$15,001 - $50,000			
	Living Centers Amer Inc	$1,001 - $15,000			
	Massimo Inc	$1,001 - $15,000			P
	Merck & Co	$15,001 - $50,000	Dividends	$201 - $1,000	
	Niag Mohawk	$1,001 - $15,000			
	NIPSCO Industries	$1,001 - $15,000	Dividends	$201 - $1,000	
	Roberthall Intl Inc	$15,001 - $50,000			
	Saleway	$15,001 - $50,000			
	Tandem Computers Inc	$1,001 - $15,000			

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Unicom	$1,001 - $15,000	Dividends	$201 - $1,000	
	Vishay Interlechnology	$1,001 - $15,000			
SP	New America High Income Fund	$1,001 - $15,000			
SP	Merrill Lynch IRA	$250,001 - $500,000	Dividends		
DC	Merrill Lynch Trust Accounts			NA	
	Merrill Lynch Ready Assets (money market accounts)	$15,001 - $50,000	Dividends	$201 - $1,000	
	CMS Energy Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	DPL Inc	$1,001 - $15,000	Dividends	$201 - $1,000	
	FPL Group	$1,001 - $15,000			
	Niag Mohawk	$1,001 - $15,000			
	PECO Energy	$1,001 - $15,000	Dividends	$201 - $1,000	S
	Allel Corp	$1,001 - $15,000	Dividends	None - $200	
	Ameritech Corp	$1,001 - $15,000	Dividends	$201 - $1,000	P
	Cinergy Corp	$1,001 - $15,000			
	Entergy Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
	GPU Inc	$15,001 - $50,000	Dividends	$201 - $1,000	E
	NIPSCO Industries	$1,001 - $15,000	Dividends	$201 - $1,000	
	Stone Container Corp	$1,001 - $15,000			
	Unicom Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
	General Public Utilities	$15,001 - $50,000	Dividends	$1,001 - $2,500	E
	Harte-Hanks	$1,001 - $15,000			
SP	US Healthcare	$1,001 - $15,000	Dividends	$201 - $1,000	E
SP	NY St E & Gas Co (ML IRA)	$1,001 - $15,000	Capital Gains	None - $200	S
SP	Gen Public Utilities	$1,001 - $15,000	Dividends	$201 - $1,000	E
SP	IRA - USAA Life and Annuity San Antonio, TX	$15,001 - $50,000	Interest		

Name Henry Bonilla | Page 8 of 11

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Ash Park East Assoc 2835 West Chester Pike Broomall, PA	None - $1,000	Interest and Dividends	$1,001 - $2,500	
JT	ML Media Partners LP World Financial Center New York NY	$15,001 - $50,000	Partnership Income	$5,001 - $15,000	
SP	Solectron (from ML IRA)	$15,001 - $50,000	Capital Gains	$5,001 - $15,000	S
SP	DSC Communications (from ML IRA)	$1,001 - $15,000	Capital Gains	$2,501 - $5,000	S
SP	Cabletron Systems (from ML IRA)	$15,001 - $50,000	Capital Gains	$15,001 - $50,000	S

SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Alltel Corp	Sold	10/30/96	$15,001 - $50,000
JT	Fidelity NII Fint Inc	Sold	02/08/96	$1,001 - $15,000
JT	NY ST E & GS Company	Sold	07/08/96	$15,001 - $50,000
JT	NIPSCO Industries Inc	Sold	07/11/96	$15,001 - $50,000
JT	Ornda Helathcorp	Sold	10/17/96	$1,001 - $15,000
	Public Service Colorado	Purchase	10/31/96	$15,001 - $50,000
	Medpartners Inc	Purchase	10/17/96	$1,001 - $15,000
	Harte-Hanks Communications	Purchase	n/a	$50,001 - $100,000
	Augat Inc	Exchange	12/12/96	
	Thomas & Betts Cp Tenn	Exchange	12/12/96	
JT	GPU Inc	Exchange	08/08/96	
JT	Genl Public Utilities	Exchange	08/08/96	
	Pinnacle West Cap Corp	Purchase	07/11/96	$15,001 - $50,000
	Boston Edison	Purchase	07/08/96	$15,001 - $50,000
	Ornda Healthcorp	Purchase	02/08/96	$1,001 - $15,000
SP	Cabletron Systems Inc	Sold	08/15/96	$15,001 - $50,000
	Mossimo Inc	Purchase	08/15/96	$50,001 - $100,000
SP	GPU Inc	Exchange	08/08/96	
SP	Genl Public Utilities	Exchange	08/08/96	

Name Henry Bonilla | Page 10 of 11

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Boston Edison	Purchase	07/08/96	$1,001 - $15,000
	NY St E & Gas Co	Sold	07/11/96	$1,001 - $15,000
	DSC Communication Corp	Sold	06/26/96	$1,001 - $15,000
	Federated Dept Stores	Purchase	06/21/96	$15,001 - $50,000
	Solectron Corp	Sold	06/21/96	$15,001 - $50,000
	Ameritech Corp	Purchase	02/08/96	$1,001 - $15,000
DC	United Illumin	Sold	09/22/95	$1,001 - $15,000
DC	Ameritech Corp	Purchase	02/08/96	$1,001 - $15,000
	PECO Energy	Sold	02/07/96	$1,001 - $15,000
SP	DSC Communications	Sold	07/1/96	$1,001 - $15,000
SP	US Healthcare	Exchange	07/19/96	$1,001 - $15,000
SP	Aetna Inc PV	Exchange	07/19/96	$1,001 - $15,000
SP	Aetna Inc Pfd	Exchange	07/19/96	$1,001 - $15,000

Name Henry Bonilla | Page 11 of 11

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mena Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Committee on United States-China Relations, NY,NY	11/30/96-12/1/96 and 12/7/96-12/10/96	San Antonio, TX-Beijing, PRC/Hong Kong-San Antonio, TX	Y		Y	12/2-7/96

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 3:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

HAND DELIVERED

(Office Use Only)

David Edward Bonior
(Full Name)

23 Dickinson - Unit E
(Mailing Address)

Daytime Telephone: 202-225-3130

Mount Clemens, Michigan 48043

Filer Status	[X] Member of the U.S. House of Representatives	State: Michigan District: 10	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David E. Bonior

DATE (Month/Day/Year): May 15, 1997

Name David Edward Bonior | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U. S. House of Representatives	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Edward Bonior

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Wright Patman Congressional FCU		X												X				X										
SP	Wright Patman Congressional FCU		X												X				X										
SP	Wright Patman Congressional FCU			X										N/A - IRA					N/A - IRA										
SP	Keystone S-4 Mutual Fund				X											X						X							P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name David Edward Bonior

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
SP	Keystone Series S-4 Mutual Fund Reinvest Capital Gains	X			6-26-96	X									

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Service Employees International Union (SEIU)	April 22	Detroit-Chicago-Wash.DC	N	N	N	N
Polyconomics, Inc.	May 2-3	Wash.DC-Tucker's Town, Bermuda-Wash.D.C.	Y	Y	N	N
Morgan Stanley	July 22	Wash.DC-New York City-Wash.DC	N	N	N	N
American Postwal Workers Union (APWU)	Aug.20-22	Wash.DC-Los Angeles	Y	Y	Y	Y
CPPAX	Sept.28-30	Wash.DC-Boston-Wash.DC	Y	Y	N	Y
United Auto Workers (UAW)	Oct.12	Detroit-Ottawa,Illinois Wash.DC	N	N	N	N

This page may be copied if more space is required.

Name	David Edward Bonior	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Gallaudet University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO: 1997 38–554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY -5 PM 12: 13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED (7)
(Office Use Only)

Sonny Bono
(Full Name)

324 Cannon Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202)225-5330

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 44	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Sonny Bono

DATE (Month/Day/Year) 5/5/97

Name Sonny Bono | Page 1 of 6

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	American Bankers Association, Washington DC	Speech	6/26/96	$ 1,000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Union Bank of California Accounts	$50,001 - $100,000	Interest	$1,001 - $2,500	
Congressional Credit Union Accounts	$1,001 - $15,000	Dividends	None - $200	
Merrill Lynch Accounts	$250,001 - $500,000	Dividends	$5,001 - $15,000	
Atlantic Recording Corporation	Indefinite	Royalties	$15,001 - $50,000	
Broadcast Music, Inc.	Indefinite	Royalties	$100,001 - $1,000,000	
EMI Entertainment World, Inc.	Indefinite	Royalties	$5,001 - $15,000	
Harry Fox Agency, Inc.	Indefinite	Royalties	$5,001 - $15,000	
MCA Records, Inc.	Indefinite	Royalties	$15,001 - $50,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Warner/Chappell Music, Inc	Indefinite	Royalties	$100,001 - $1,000,000	
Orion Pictures	Indefinite	Royalties	$5,001 - $15,000	
Paul Brownstein Productions	Indefinite	Residuals	$1,001 - $2,500	
S & P 500 Fund	$15,001 - $50,000	Dividends	$201 - $1,000	
US Treasury Strips	$15,001 - $50,000	Interest	Paid on maturity	
TIGR Series 12 Bond	$1,001 - $15,000	Interest	"	
CATS Series M Bond	$1,001 - $15,000	Interest	"	
CATS Series R Bond	$15,001 - $50,000	Interest	"	
First Nationwide Bank CD	$15,001 - $50,000	Interest	"	
Talent Partners, Chicago IL for Wleden & Kennedy Agency	Indefinite	Use of Likeness	$15,001 - $50,000	
SPE Corporate Services, Culver City CA	Indefinite	Residuale	$201 - $1,000	
Paramount Pictures, Hollywood CA	Indefinite	Residuals	$201 - $1,000	
Walt Disney Pictures & TV, Burbank CA	Indefinite	Residuals	$201 - $1,000	
FSI, Inc. for Juno Pix, Los Angeles CA	Indefinite	Residuals	$1,001 - $2,500	
EP Talent Services, Los Angeles CA	Indefinite	Residuals	$201 - $1,000	

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Institute of Politics, John F. Kennedy School of Government, Harvard University, Cambridge MA	April 29	Wash., DC - Boston - Wash., DC	N	N	N	None
Claremont Institute, Claremont CA	Nov. 23-24	Wash., DC - Los Angeles - Wash., DC	Y	Y	N	None
Taipei Economic and Cultural Office, Washington DC	April 7-12	Los Angeles - Taipei - Wash., DC	Y	Y	N	None

Name Sonny Bono | Page 5 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President	Sonny Bono, Inc.
President	Cher Enterprises, Inc.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to, future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
Continuous	Screen Actors Guild	Entertainment Industry Union providing medical & life benefits, pensions
Continuous	AFTRA	" "

COMMITTEES
JUDICIARY
SUBCOMMITTEES
COURTS AND INTELLECTUAL PROPERTY
IMMIGRATION AND CLAIMS
NATIONAL SECURITY
SUBCOMMITTEES
MILITARY PROCUREMENT
MILITARY PERSONNEL
ENTERTAINMENT TASK FORCE
CHAIRMAN

97 MAY 21 AM 9:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

WASHINGTON OFFICE
324 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5330
FAX: (202) 225-2961
WORLD WIDE WEB
http://www.house.gov/bono/

'96

Sonny Bono
Congress of the United States
44th District, California

HAND DELIVERED

May 20, 1997

(1)

MC

Honorable Robin H. Carle
The Clerk
U.S. House of Representatives
Legislative Resource Center
B 106 Cannon Building
Washington, DC 20515

Dear Mr. Carle:

This letter is to amend my 1995 Financial Disclosure Statement. While doing my 1996 Financial Disclosure Statement, I realized an omission to the 1995 statement. I need to disclose a royalty payment from Orion Pictures in the amount of $2,6000.00 on Schedule III, Assets and Unearned Income.

With kind regards, I am

Sincerely,

Sonny Bono

SONNY BONO
Member of Congress

1695 SOUTH PALM CANYON
SUITE C101
PALM SPRINGS, CA 92264
(619) 325-1878
FAX (619) 325-0866

23119-A COTTONWOOD AVENUE
SUITE 208
MORENO VALLEY, CA 92553
(909) 653-5485
FAX (909) 653-2135

1608 E. FLORIDA AVENUE
SUITE 308
HEMET, CA 92544
(909) 658-7212
FAX (909) 652-2542

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(3)

97 MAY 14 AM 10: 09
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U.S. HOUSE OF REPRESENTATIVES
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MC
(Office Use Only)

Robert A. Borski
(Full Name)

2267 Rayburn HOB
(Mailing Address)

(202) 225-8251
Daytime Telephone

Washington, DC 20515

Filer Status	[x] Member of the U.S. House of Representatives	State: PA District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [x]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL (signature)

DATE (Month/Day/Year) 5-14-97

Name Robert A. Borski | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Pilots Association	Aug 20-21	Philadelphia - Boston - Philadelphia	Y	Y	N	N
	Tobacco Industry Labor Management Committee	NOV 10-13	Philadelphia-Phoenix - Philadelphia	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(8)

97 MAY 14 PM 1:59
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U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Leonard L. Boswell
(Full Name)

R. R. 1 Box 130
(Mailing Address)

Davis City IA 50065

203/225-3806
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: IA District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** N/A	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Leonard L. Boswell

DATE (Month/Day/Year): 5-14-97

362

Name Leonard L. Boswell | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Iowa (legislator)	Salary	$30,287
	Lamoni Community School	Spouse Salary	26,664
	Excel Communication Corporation	Spouse Commission	1,175

For payments to charity in lieu of honoraria, use Schedule II.

Name Leonard L. Boswell | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
N/A			

This page may be copied if more space is required.

Name Leonard L. Boswell | Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, OC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Agricultural Land 475 acres - Iowa New Buda & Burrell Towships - Decatur Co.					X									NA							NA							
	Farming Equipment				X										NA							NA							
	U.S. West Cellular					NA								X							X								
	Breeding Stock					X								Sale of calves										X					
	Citizens St. Bank, Leon, IA		X												X				X										
	Farmers Coop. - Lamoni, IA Deferred Patronage		X										X							X									

For additional assets and unearned income, use next page.

Name Leonard L. Boswell | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
	Sale of calves		X		11-14-96		X								

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Name Leonard L. Boswell | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Citizens St. Bank, Leon, IA	Loan on livestock	X									
	" " " " "	Farm Operating Loan		X								
	" " " " "	Mortgage on agriculture land (same land leased to U.S. West Cellular)		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A Freshman Member							

This page may be copied if more space is required.

Name Leonard L. Boswell	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

LEONARD L. BOSWELL
3RD DISTRICT, IOWA

COMMITTEES
AGRICULTURE
SUBCOMMITTEE ON RISK MANAGEMENT AND SPECIALTY CROPS
SUBCOMMITTEE ON LIVESTOCK, DAIRY, AND POULTRY
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON AVIATION
SUBCOMMITTEE ON WATER RESOURCES AND ENVIRONMENT

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JOHN R. NORRIS
CHIEF OF STAFF

709 FURNAS DRIVE
SUITE 1
OSCEOLA, IOWA 50213
(515) 342-4801
TOLL FREE IOWA NUMBER
1-888-432-1984

CYNTHIA K. COX
DISTRICT DIRECTOR

June 5, 1997

(1) ✓
MC

Robin Carle
The Clerk, U.S. House of Representatives
Legislative Resource Center
Room B-106 Cannon HOB
Washington, D.C. 20515-6612

RE: Amendment to 1996 Financial Disclosure Statement of Leonard Boswell - candidate for U.S. House, Iowa, Third District

Dear Ms. Carle:

In preparing my 1997 Financial Disclosure Statement I discovered two omissions in my 1996 Statement on Schedule II - Assets and "Unearned" Income. The statement should have included:

Block A Asset and/or Income Source	Block B Value of Asset	Block C Type of Income	Block D Current Year	Preceding Year
Farmer's Coop Lamoni, Iowa, Deferred Patronage	$1000 - $15,000	Dividends	$201 - $1,000	$201 - $1,000
U.S. West Cellular	Part of Ag Land asset	Rent	$2,500 - $5,000	$201 - $1,000

Thank you for adding this amendment/correction to my file.

Sincerely,

Leonard L. Boswell

Leonard L. Boswell
Member of Congress

LLB:jn

PRINTED ON RECYCLED PAPER

(8)

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

FREDERICK C. BOUCHER
(Full Name)

2329 Rayburn House Office Building
(Mailing Address)

202-225-3861
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Frederick C. Boucher

DATE (Month/Day/Year): May 6, 1997

Name Frederick C. Boucher

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Nationsbank-Checking Acct.		x												x				x										
	1st Va. Bank-Savings Acct.		x												x					x									
	Individual Retirement Acct. NationsSecurities			x									x		x						x								
	1st Va. Bank-Preferred Stock		x										x						x										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick C. Boucher

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Community Nat'l Bank-Common Stock		x										x						x										
	NationsSecurities-Savings Acct			x											x						x								
	Mutual Fund-NationsSecurities			x									x			x						x							P
	Lot-Town of Damascus		x																										
	Lot-Washington County		x																										

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SCHEDULE IV — TRANSACTIONS

Name Frederick C. Boucher

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	NationsSecurities-Mutual Fund	x			1/4/96	x									
	NationsSecurities-Mutual Fund	x			2/11/96	x									

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Name Frederick C. Boucher | Page 5 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	SEE ATTACHED						

This page may be copied if more space is required.

SCHEDULE VII
TRAVEL PAYMENTS AND REIMBURSEMENTS

SOURCE	*LOCATION*	*EXPENSES*	*DATE*
American Society of Composers, Artists and Producers (ASCAP)**	New York City, New York	Travel b/w Washington, D.C. and New York City; one night lodging and food for speech to ASCAP's members on legislation extending copyright protection for digitized transmissions	6/7/96 - 6/8/96
Virginia Association of Planning District Commissions**	Nelson County, Virginia	Lodging for one night and two meals in association with keynote address to annual convention on the effect of telecommunications reform legislation on geographic information systems development	10/7/96 - 10/8/96
Virginia Press Association**	Virginia Beach, Virginia	Travel b/w Washington, D.C. and Norfolk, Va.; one night lodging for speech to annual convention on the effect of the Internet on the newspaper publishing business	6/28/96 - 6/29/96

**At none of these events was a family member present, and no time was spent other than the sponsor's expense at any event

Source	*Locations*	*Expenses*	*Date*
Human Rights Project**	Havana	Travel from TriCities to Havana to Washington, D.C; food; six nights lodging for examination of the government's human rights record	2/11/96 - 2/17/96
Reuters News Service**	London, UK	Travel to London + two night's lodging and food for panel discussions on American telecommunications reform and its effect on broadband deployment for enhanced international newsgathering activities	11/7/96 - 11/9/96
Ripon Educational Foundation**	Rome, Italy	Travel, seven nights lodging and food for multi-national legislative conference on telecommunications and digital copyright issues	11/9/96- 11/15/96

**At none of these events was a family member present, and no time was spent other than the sponsor's expense at any event

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member-Board of Dir.	1st Virginia Bank-Mountain Empire
Member-Board of Dir.	Nature Conservancy of Virginia

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

F. Allen Boyd, Jr.
(Full Name)

Route 2, Box 33
(Mailing Address)

Monticello FL 32344

Daytime Telephone: 202-225-5235

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: F. Allen Boyd, Jr.

DATE (Month/Day/Year): 5-15-97

Name F. Allen Boyd, Jr. | Page 2 of 5

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Thomas L. Folsom, Jr.	Insurance Commission	$77,788
	State of Florida, Tallahassee, Florida	St. House Legislative Salary	$25,020
	Boyd-Gibbs Sod Farm, Greenville, FL	Management Fees	$20,800

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	ABC Bank Group	$50,001 - $100,000	Dividends	$1,001 - $2,500	
	Capital City Bank Group	$50,001 - $100,000	Dividends	$2,501 - $5,000	
	BCT Gin Co. Inc	$100,001 - $250,000	Dividends	$5,001 - $15,000	
	Capital City Bank Group Savings Account	$15,001 - $50,000	Dividends	$201 - $1,000	
	Basic Beef Masters	None - $1,000		None - $200	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Farm Credit Services, Monticello, Florida	Farm Loan	$500,001 - $1,000,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Jefferson County Farm Bureau, Monticello, FL

ALLEN BOYD
STATE DISTRICT, FLORIDA
COMMITTEES
NATIONAL SECURITY
SMALL BUSINESS

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE:
1237 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5235
DISTRICT OFFICES:
301 SOUTH MONROE STREET, ROOM 108
TALLAHASSEE, FL 32301
(904) 561-3979
30 WEST GOVERNMENT STREET, ROOM 203
PANAMA CITY, FL 32401
(904) 785-0812

June 10, 1997

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US House of Representatives
Washington, DC 20515

To whom it may concern;

This letter is to amend the financial disclosure statement submitted on May 15, 1997 to include the following information which was inadvertently omitted.

Amendment to May 15, 1997 report:

Schedule III: Boyd Family Farms, Inc., (Asset); $50,001-$100,000 (Value of Asset); None-$200 (Amount of Income);
Schedule VIII: President and Majority Stockholder of Boyd Family Farms, Inc.

Also, please note on Schedule III, the Capital City Bank Group -Savings Account was mistakenly entered as dividends under "type of income" and should be listed as "interest".

The following information regarding Schedule VIII was inadvertently omitted from my previous disclosure statements. I am voluntarily including information for Schedule III to clarify Schedule VIII.

Amendment to May 15, 1996 and May 15, 1997 report:

Schedule III: FABJ, Inc., (Asset); None-$1,000 (Value of Asset); None-$200 (Amount of Income);
Schedule VIII: President of FABJ, Inc.

Please feel free to contact me at 5-5235 if you have additional questions.

Sincerely,

F. Allen Boyd, Jr.

F. Allen Boyd, Jr.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

(11)

Kevin Patrick Brady
(Full Name)

P.O. Box 8277
(Mailing Address)

The Woodlands TX. 77387

Daytime Telephone: (202) 225-4901

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(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 08	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 15, 1997

Name Kevin Patrick Brady	Page 1 of 10

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	South Montgomery County Woodlands Chamber of Commerce	Salary: Kevin Brady	$56,572
	Texas House of Representatives	Member Salary: Kevin Brady	$7,200
	Texas Commerce Bank, N.A.	Spouse' salary	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples	Association of Amencan Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
				$

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Annuity Fidelity VIP Growth Fund	$1,001 - $15,000	NA	NA	NA
	Annuity NEUB/BER AMT Growth Fund	$1,001 - $15,000	NA	NA	NA
	IRA Putnam Growth & Income Fund	$1,001 - $15,000	NA	NA	NA
	IRA Putnam U.S. Government Income Trust	$1,001 - $15,000	NA	NA	NA
	State of Texas Retirement System	$1,001 - $15,000	NA	NA	NA
SP	Chase Securities of Texas Compaq Computer Stock	$15,001 - $50,000	NA	NA	NA
SP	Chase Retirement Plan	$15,001 - $50,000	NA	NA	NA
SP	Chase Savings Incentive Plan	$50,001 - $100,000	NA	NA	NA
SP	Chase Manhattan Employee Stock Purchase Plan	$1,001 - $15,000	NA	NA	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Chase Securities Employee Stock Option Plan	None - $1,000	Capital Gains	$15,001 - $50,000	S
SP	Texas Commerce Bank Super Savings Account	$1,001 - $15,000	Interest	None - $200	NA

Name Kevin Patrick Brady | Page 5 of ___

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Chase Securities Employee Stock Option	Sold	12/27/96	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	BankOne-Texas, NA	Personal loan: campaign	$10,001 - $15,000

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Brazos Transit Authority	Framed print of Stephan F. Austin	$ $250.00

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President	South Montgomery County Woodlands Chamber of Commerce
Advisory Board Member	American Heart Association-Montgomery County Chapter
Board Member	Women Helping Women, Inc.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement

97 MAY 15 AM 8:33

INSIDE MAIL

MC

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996	Form A For use by Members, officers, and employees
HON. CORRINE BROWN (Full Name)	
1610 LONGWORTH HOUSE OFFICE BUILDING (Mailing Address)	
WASHINGTON DC 20515	Daytime Telephone: 202-225-0123

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Corrine Brown DATE (Month/Day/Year): May 14, 1997

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
1844 WILLOWOOD DR, JACKSONVILLE, FL	$50,001 - $100,000	Rent	$2,501 - $5,000	
ACCOUNTS RECEIVABLE FOR SALE OF: GATOR TRAVEL AGENCY, EMILIO F. TORRES, FERNANDO J. ALVAREZ, FERNANDO A. ALVAREZ (DEBTORS)	$50,001 - $100,000	Capital Gains	None - $200	NA

Name HON. CORRINE BROWN | Page 3 of 4

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	HOUSING INVESTMENT INC , JACKSONVILLE, FL	MORTGAGE ON 1844 WILLOWOOD DR., JACKSONVILLE, FL	$15,001 - $50,000
	BARNETT BANK OF FLORIDA	LOAN - PERSONAL	$50,001 - $100,000

Name HON. CORRINE BROWN | Page 4 of 4

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
ASSOCIATION OF AMERICAN RAILROADS	11/22-11/25	DC-PHOENIX-DC	Y	Y	N	NO
AMALGAMATED TRANSIT UNION	5/2	DC-MIAMI-ORLANDO	Y	Y	N	NO
UNITED AUTO WORKERS	5/6	JACKSONVILLE-DAYTONA-DC	Y	Y	N	NO
TAMPA-HILLSBOROUGH URBAN LEAGUE	6/14	DC-TAMPA-DC	Y	Y	N	NO
ITERA INTERNATIONAL ENERGY CORP	12/12-12/22	DC-MOSCOW, RUSSIA-KIEV, UKRAINE-ASHGABAT, TURKMENISTAN-JACKSONVILLE, FL	Y	Y	N	NO

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

George E. Brown, Jr.
(Full Name)

2300 Rayburn HOB
(Mailing Address)

Washington D.C. 20515

(202) 225-6188
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 42	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: George E. Brown Jr.

DATE (Month/Day/Year): May 15, 1997

400

Name GEORGE E. BROWN, JR | Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of CALIFORNIA	Legislative PENSION	6,782.87
	Spouse, U.S. GOVERNMENT	Salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name George E. Brown, Jr. | Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Fab. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	American Society of Mechanical Engineers	lecture	9-12-96	2,000 —

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name George E. Brown, Jr. Page 3 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X										X					
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Unimproved Lot Tract 339, LACA		X																										
	2350 N. Osburn Rd, SB, CA		X											N/A					N/A					N					
	2965 W. Spruce, SB, CA				X									X									X						
	2036 Prince Albert						X							X									X						

For additional assets and unearned income, use next page.

Name George E. Brown, Jr | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Fed Credit Union	Visa + Line of Credit		X								
	Sumitomo Bank	Mortgage (2695 Spruce St)			X							
	Capstead Mortgage	Mortgage - 2036 Prince				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be edded towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Chemical Society	Mar. 22-25	Wash. D.C-New Orleans, LA-Wash. DC	Y	Y	Y	N

This page may be copied if more space is required.

Name	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Director (unpaid)	Jason Project

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreemant

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 APR 29 PM 3:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
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MC (Office Use Only)

Sherrod Brown (Full Name)
2625 E. Erie (Mailing Address)
Lorain OH 44052
Daytime Telephone 202/225-3401

Filer Status: [X] Member of the U.S. House of Representatives — State: OH District: 13 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Sherrod Brown — DATE (Month/Day/Year) 4-29-97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Sherrod Brown | Page 2 of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Calvert Fund		X										X							X									
	Brownlea Farm Lexington OH			X										X															
	PERS			X											X					NA									
	Nationwide Fund			X									X							X									
	Fidelity Mutual NY (IRA)		X												X					NA									
	Navellier Fund		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Brown, Sherrod

Page 3 of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	American Growth - 20th Century			X							X								X								P
	Bramwell			X							X								X								P

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SCHEDULE IV — TRANSACTIONS

Name Brown, Sherrod | Page 4 of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	American Growth - 20th Century	X			01-96	X									
	Bramwell	X			01-96	X									

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Name Sherrod Brown | Page 5 of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Confederation of Indian Industry	Feb 7-16	DC-Delhi-Bombay-DC	Y	Y	N	N
	Chicago Mercantile Exchange	May 16-17	DC-Chic-Clev	N	N	N	1 day
	Am Soc of Cataract & Refracture Surg	Jun 2-4	Clev-Sea-DC	Y	Y	N	N
	Am Assoc of Physicians fr India	Jul 5-7	Clev-Bos-Clev	Y	Y	N	N

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SHERROD BROWN
THIRTEENTH DISTRICT
OHIO

WASHINGTON OFFICE:
1019 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3513
(202) 225-3401
FAX (202) 225-2266

COMMITTEE ON COMMERCE
SUBCOMMITTEE ON COMMERCE, TRADE, AND HAZARDOUS MATERIALS
SUBCOMMITTEE ON HEALTH AND ENVIRONMENT

COMMITTEE ON INTERNATIONAL RELATIONS
SUBCOMMITTEE ON ASIA AND THE PACIFIC

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES:
5201 ABBE RD.
ELYRIA, OH 44035-1451
(216) 934-5100
124 WEST WASHINGTON STREET, SUITE A
MEDINA, OH 44256-1902
(330) 722-9262
15561 WEST HIGH STREET
MIDDLEFIELD, OH 44062-9292
(216) 632-5913
1-800-234-6413 (OH13)

sherrod@hr.house.gov
http://www.house.gov/sherrodbrown/

May 16, 1997

HAND DELIVERED

(2)

MC

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 20 PM 2:12
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Clerk
U. S. House of Representatives
Washington, D.C. 20515

Dear Sir:

Pursuant to your letter, please amend Schedule III of my Financial Disclosure Statement to include under "Amount of Income" for Brownlea Farm, the range of $1,001 - 2,500 for 1996.

Thank you for your assistance in this matter.

Sincerely,

Sherrod Brown

SHERROD BROWN
Member of Congress

SB:dp

PRINTED ON RECYCLED PAPER

HB amended

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Sherrod Brown

Page 2 of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples:	SP	Mega Corp. Stock	X										X						X								P
			123 Main St., Dover, Del.							X					X								X					
			1st Bank of Paducah, KY accounts				X									X					X							
-	Calvert Fund				X									X						X								
?	Brownlee Farm Lexington OH					X									X						X							SB
?	PERS					X										X				NA								
-	Nationwide Fund					X								X						X								
-	Fidelity Mutual NY (IRA)			X												X				NA								
-	Navellier Fund			X										X						X								

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 13 PM 4:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(4)

EDWARD G. BRYANT
(Full Name)

430 Garland Rd
(Mailing Address)

901-989-9273
Daytime Telephone

Henderson, TN 38340

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: TN District: 07	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Edward D. Bryant

DATE (Month/Day/Year): May 13, 1997

Name Edward G. Bryant | Page 2 of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1996	$500
Union University, Jackson, TN	Graduation	5/25/96	$500
Fayette Academy, Somerville, TN	Baccalaureate	5/19/96	$125

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Edward G. Bryant

Page 3 of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

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For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Maga Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Money Market Account Volunteer Bank - Jackson, TN		X												X					X									
	IRA Volunteer Bank - Jackson, TN			X											X							X							
SP	IRA Volunteer Bank - Jackson, TN		X												X				X										
SP	RJR Nabisco Stock Morgan Keegan Co. - Memphis		X										X						X										S
DC	U.S. Savings Bonds		X												X					X									
	U.S. Savings Bonds		X												X				X										

For additional assets and unearned income, use next page.

Name Edward G. BRYANT | Page 4 of ___

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
SP	RJR Nabisco stock Morgan Keegan Co.		X		1-25-96	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 AM 11:52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC
(Office Use Only)

Jim Bunning
(Full Name)

4 Fairway Drive
(Mailing Address)

Southgate, KY 41011-3022

Daytime Telephone
606-341-2602

Filer Status	[X] Member of the U.S. House of Representatives	State: KY District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Jim Bunning

DATE (Month/Day/Year): 5/14/97

Name	Jim Bunning	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Major League Alumni Association, Inc. 3637 - 4th Street, N., Suite 480, St. Petersburg, FL 33704	Printed Cards Players Pool Share	$ 30.00
Bob Allen Adv. Inc. 2790 N. Menomonee River Pky., Milwaukee, WI 53222	Autograph Session	6,000.00
David Boudouin 152 Tuckohoe Drive, Shelton, CT 06484	Autograph Session	5,000.00
David Boudouin 152 Tuckohoe Drive, Shelton, CT 06484	Autograph Session	5,000.00
Major League Baseball Properties 350 Park Avenue, New York, NY 10072	Player's Cards	3,512.54

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9
Jim Bunning	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
Examples: XYZ Magazine	Article	Aug 13, 1996	$500
American Trucking Assn. - Washington, D.C. 20003	Speech	Washington, DC June 11, 1996	$2,000.00
Drew Gross - ProLink P. O. Box 4458, Pinehurst, NC 28374	Speech	Lansdown, MD June 20, 1996	1,500.00
Drew Gross - ProLink P. O. Box 4458, Pinehurst, NC 28374	Baseball Legends Golf - Speech	Jacksonville, FL Nov. 7, 1996	2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Jim Bunning

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income (DIVIDENDS / RENT / INTEREST / CAPITAL GAINS / EXCEPTED TRUST / QUALIFIED BLIND TRUST)	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction (P, S, E)
SP	*Examples:* Mega Corp. Stock				X								X		X									P
	123 Main St., Dover, Del.							X					X							X				
	1st Bank of Paducah, KY accounts					X							X				X							
	Equitable Life Assurance							X					Pension						X					
	Fidelity Equity Income Fund			X									Pay Out				X							
	Deferred compensation from																							
	State Senate 1983																							
	Host Communication Stock				X								None				None							
	Citizens Bank of Campbell County KY			X									Interest		X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim Bunning

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Legg Mason Fund		X												Interest				X										
	Comair 4125 Shares				X										Dividends						X								
	Legg Mason Investments																												
	IRA Rollover																												
	Comair 1575			X											Dividends					X									
	Legg Mason Fund		X												Interest				X										

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SCHEDULE IV — TRANSACTIONS

Name Jim Bunning

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Surgical Laser Tech 1000		X		2-07-96	X									
	Intelligent Electronics 564		X		2-07-96	X									
	Comair Inc. 1050 3 for 2 Split			X	5-20-96	525 Shares									
	Comair Inc. 2750 3 for 2 Split			X	5-20-96	1375 Shares									
	Comair Inc. 2000	X			7-15-96		X								
	Comair Inc. 2000		X		11-21-96		X								

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Name Jim Bunning

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Citizens Bank of Campbell Co. KY	Line of Credit		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Hall of Fame - Baseball Induction	Baseball Momorabelia (Waiver received Ethics Committee)	$500.00
Louisville Quarterback Club	Clock (Waiver received Ethics Committee)	300.00
Jim Bunning Night - Philly	Chair - Bowl - Stuffed Animals (Waiver received Ethics Committee)	300.00

Use additional sheets if more space is required.

Name Jim Bunning | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Bob Allen Adv. Inc.	4-21-96	Cincy-Pittsburgh-Cincy	N	N	N	N
	Dave Boudouin	5-05-96	Cincy-Clearwater-Cincy	N	N	N	N
	Dave Boudouin	6-01-96	Cincy-Philadelphia-D.C.	N	N	N	N
	All Star Baseball Game	7-9/10-96	Cincy-Philadelphia-Cincy	Y	N	Y-Spouse	N
	Baseball Hall of Fame Induction	8-3/4-96	D.C.-Cooperstown-Cincy	Y	Y	Y-Spouse	N
	Jim Bunning Night - Philly	8-9/10-96	Cincy-Philadelphia-Cincy	Y	Y	Y-Spouse	N
	Drew Gross - ProLink	11-7/9-96	Cincy-Jacksonville-Cincy	Y	Y	Y-Spouse	N

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Name	Jim Bunning	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	NONE

GPO: 1997 38–554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 AM 10:47

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

(10)

Richard Mauze Burr
(Full Name)

2634 Forest Drive
(Mailing Address)

Winston-Salem NC 27104

Daytime Telephone: (202) 225-2071

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 05	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-13-97

Name Richard Mauze Burr	Page ___ of __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Graham and Boles Realty (wife) Winston-Salem, NC	Spouse Commission	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Richard Mauze Burr	Page ___ of ___

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
				$

Name Richard Mauze Burr | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples*	Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	625 Polo Rd., Winston-Salem, NC	$50,001 - $100,000	Rent	$5,001 - $15,000	
JT	Granvilla Apts., Hwy 158 (1/3)	$50,001 - $100,000	Rent	$5,001 - $15,000	
SP	Sara Lee Corp. stock	$1,001 - $15,000	Dividends	None - $200	
SP	Southern National stock	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	US West Comm Group stock	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	US West Media Group stock	$1,001 - $15,000	Dividends	None - $200	
SP	Goldman Sachs Equity	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Edward D. Jones cash money market	None - $1,000	Interest	None - $200	
SP	Central Carolina Bank checking	None - $1,000	Interest	None - $200	

Name Richard Mauze Burr | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Piedmont Federal savings	$1,001 - $15,000	Interest	None - $200	
JT	BB&T savings	$1,001 - $15,000	Interest	None - $200	
DC	Edward D. Jones money market	$1,001 - $15,000	Interest	None - $200	
DC	Southern National stock	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Smallcap World Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Lord Abbott Global Income	$1,001 - $15,000	Dividends	$201 - $1,000	
	Edward D. Jones money market	$1,001 - $15,000	Interest	None - $200	
	Small Cap World Fund	$1,001 - $15,000	Dividends	None - $200	
	US West Comm Group stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	US Media Group stock	$1,001 - $15,000	Dividends	None - $200	
	Putnam Capital Appreciation	$1,001 - $15,000	Dividends	None - $200	
	Putnam Growth and Income Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
	Putnam New Opportunities	$1,001 - $15,000	Dividends	None - $200	
	Putnam OTC Emerging Growth	$1,001 - $15,000	Dividends	None - $200	P
	Federal National Meeting Assn.	$1,001 - $15,000	Interest	$201 - $1,000	
	Tenn. Valley Authority Bond	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Graham and Boles Realty	$1,001 - $15,000	Dividends	None - $200	P
JT	Carswell Distributing Co. stock	$1,001 - $15,000	Capital Gains	None - $200	S

Name Richard Mauze Burr | Page ____ of ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Graham and Boles Realty	Purchase	2/8/96	$1,001 - $15,000
JT	Carswell Distributing Co. stock	Sold	2/22/96	$1,001 - $15,000
SP	Southern National Corp.– additional stock	Purchase	7/16/96	$1,001 - $15,000
	Putnam OTC Emerging Growth Fund	Purchase	7/16/96	$1,001 - $15,000

Name Richard Mauze Burr	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Piedmont Federal Savings	625 Polo Rd., Winston-Salem, NC	$15,001 - $50,000
JT	Central Carolina Bank (1/3 Partner)	Granvilla Apts., Hwy 158	$15,001 - $50,000

Name Richard Mauze Burr	Page ____ of ____

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
		$

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Outdoor Power Equipment Distributors Assoc.	Feb. 16- Feb. 18	Greensboro, NC - Marco Island, FL-Greensboro, NC	Y	Y	Y	No
Leaf Tobacco Exporters Assoc., Inc.	May 26 - May 28	Winston-Salem, NC-Sulfur Springs, WV-Winston-Salem, NC	Y	Y	Y	No
Rotary International	May 29 - May 31	Winston-Salem, NC-Myrtle Beach, SC-Winston-Salem, NC	Y	Y	Y	No
American Assoc. of Family Physicians	Oct. 2 - Oct. 3	Charlotte, NC-New Orleans, LA-Charlotte, NC	Y	Y	N	No

Name Richard Mauze Burr | Page ____ of ___

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
State Co-chariman	North Carolina Taxpayers United
Partner	Granvilla Partners
Board Member	Brenner Children's Hospital

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

(10)

Danny Lee Burton
(Name)
2185 Rayburn Office Bldg
Washington, DC 20515
(Mailing Address)
(202) 225-2276
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Indiana District 6	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Dan Burton

DATE (Month/Day/Year): 5-15-97

Name	Danny Lee Burton	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Burton Agency - Spouse	Commissions	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Danny L. Burton	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
World Wide Media Association, Washington, DC	Speech	January 23, 1996	$2000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DANNY LEE BURTON

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.							X						X										X				
			1st Bank of Paducah, KY accounts					X									X						X							
	Agnico Eagle Mines Ltd.				X									X				X		X									S
	Canyon Resources Corp.			X										None						X									
	Homestake Mining Co.				X									X						X									
	Newmont Gold Co.				X									X				X		X									S
	Nuveen Municipal Mkt. Opp				X												X					X							
	Ribi Immunochem Research Inc.			X										None						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Prudential Govt. Securities MM (formerly National Govt. Fund)			X									X							X									
	Prudential Allocation Balanced Fund (Prud. Alloca. Fund Cons. B)			X									X			X					X								
	Prudential Intermediate Global Income Fund Class B			X									X			X					X								
	Prudential World Fund Global (Prudential Global Fund Class B)			X									X			X					X								
	Prudential Govt. Securities MM (National Govt. Fund)	X											X						X										
	Hemocleanse		X										N	O	N	E			X										
SP	Prudential Allocation Balanced Fund (Prud. Alloca. Fund Cons. B)			X									X			X					X								
SP	Prudential Intermediate Global Income Fund Class B			X									X			X					X								
SP	Prudential World Fund Global (Prudential Global Fund Class B)			X									X			X					X								
SP	Prudential Govt. Securities MM (National Govt. Fund)	X											X						X										
	( ) indicates formerly called																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Burton Agency			X													SEE SCHEDULE I												
	Harting Farm - Hancock Co. IN					X								X								X							
	Laurel Co. KY - Land (20 Acres)			X									N	O	N	E			X										
	Residential Rental 1037 Mustang Ct., Franklin, IN				X									X									X						
	Residential Rentals - Doubles 2176-2181 Galaxy Dr., Franklin, IN						X							X										X					
	Lowery Farm IN (33.3 Acres)					X								X								X							
	Country View Estates-Hancock Co. IN ~~House and Lot~~					X										X								X					PARTIAL S
	Burton Ranch Land (1.666 Acres)				X								N	O	N	E			X										
	Bower Estate Lots		X													X						X							S
	E. 46th St. - Indianapolis Exchanged For				X									X									X						E
	Johnson County Land (5 Acres) ~~and~~			X																									E
	Johnson County Land (16.84 Acres)					X																							PARTIAL E

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SCHEDULE IV — TRANSACTIONS

Name Danny Lee Burton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
	Agnico Eagle Mines Ltd.		X		1-12-96	X									
	Newmont Gold Co.		X		1-12-96	X									
	Bower Estates		X		7/19/96	X									
	Country View Estates (House)		X		4/26/96				X						
	8409 E. 46th St., Indianapolis, IN			X	10-30-96			X							
	~~EXCHANGED FOR~~ Johnson County Land (5 Acres)			X	3-31-97		X								
	~~and~~ Johnson County Land (16.84 Acres)			X	3-31-97				X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Banc One Mortgage Corporation	8409 E. 46th Street Indianapolis, IN		X								
	Citizens Bank of Central Indiana	2176-2181 Galaxy Drive Franklin, IN					X					
	Citizens Bank of Central Indiana	1037 Mustang Court Franklin, IN			X							
	Maurice and Helen Linville	16.84 Acres in Johnson Co.IN				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Pletter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Puerto Rico Federation of Republican Women	Feb 14-19	Indianapolis-San Juan-Indianapolis	Y	Y	Y	N

This page may be copied if more space is required.

Name	Danny Lee Burton	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Consultant (Uncompensated)	Burton Agency

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

INSIDE MAIL

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

RECEIVED
97 APR 30 AM 11:05
COMMITTEE ON STANDARDS

DAN BURTON
6TH DISTRICT, INDIANA

April 28, 1997

2

MC

97 MAY -1 AM 9:29
U.S. HOUSE OF REPRESENTATIVES

Honorable James V. Hansen
Chairman
Committee on Standards of
Official Conduct
HT2 The Capitol
Washington, DC 20515

RE: 1995 FINANCIAL DISCLOSURE REPORT

Dear Mr. Chairman:

Regarding my Financial Disclosure Report filed in May, 1996, for the year 1995 an error was made in Section V.

My accountant who helped prepare the report evidently did not understand that reportable liability included mortgages on rental properties. She filled out that portion of the report, and I erred by not checking it more thoroughly. As I was preparing my report for 1996 due in May, 1997 I caught the error and thus I am writing you to correct it.

On Schedule III (Page 7 of my report) I had listed rental properties located at 8409 East 46th Street, Indianapolis, Indiana, rental properties located at 2176-2181 Galaxy Drive in Greenwood, Indiana (which should have been Franklin, Indiana), and at 1037 Mustang Court in Franklin, Indiana.

The properties located on Galaxy Drive and Mustang Court, as well as the property on East 46th Street in Indianapolis, were rental properties, and I did have mortgages on these properties of more than $10,000 each. The pertinent information is as follows:

- 8409 E. 49th St., Indianapolis, Indiana
  BancOne Mortgage Corp., Indianapolis, Indiana
  Category C - $15-50,000

- 1037 Mustang Court, Franklin, Indiana
  Citizens Bank of Central Indiana
  Greenwood, Indiana
  Category D - $50-100,000

- 2176-2181 Galaxy Dr., Franklin, Indiana
  Citizens Bank of Central Indiana
  Greenwood, Indiana
  Category F - $250-500,000

I apologize for this error and ask that you add this information to my report for 1995, and if you have any questions, please give me a call.

Sincerely,

Dan Burton
Member of Congress

DB:lrt

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 5:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

(1)

Stephen E. Buyer
(Full Name)

326 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-5037

Filer Status	[X] Member of the U.S. House of Representatives	State: IN District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[X]	[ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your epouse, or dependent child? (See Instructions, pages 10-11.)	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Stephen E. Buyer

DATE (Month/Day/Year): 15 May 97

Name Stephen E. Buyer | Page 2 of 7

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
Amvets National Auxiliary, Hebron, IN		Speech	03/02/96	$ 100

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Law Office, 103 W. Broadway, Monticello, Indiana	$50,001 - $100,000	Rent	$5,001 - $15,000	
JT	Money Market Account, Charles Schwab, Indianapolis, Indiana	$15,001 - $50,000	Interest	$201 - $1,000	
JT	Savings Account, Norwest Bank, Monticello, Indiana	$1,001 - $15,000	Interest	None - $200	
	IRA, Charles Schwab, Indianapolis, Indiana	$1,001 - $15,000	Interest	$201 - $1,000	
SP	IRA, Charles Schwab, Indianapolis, Indiana	$50,001 - $100,000	Interest	$1,001 - $2,500	
	Savings Account, Wright Patman Cong. FCU, Wash, DC	$1,001 - $15,000	Interest	$201 - $1,000	
	Checking Account, Wright Patman Cong. FCU, Wash., DC	$15,001 - $50,000	Interest	$201 - $1,000	

Name Stephen E. Buyer | Page 4 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Checking Account, Norwest Bank, Monticello, Indiana	$1,001 - $15,000	Interest	$201 - $1,000	
JT	C-Cube Microsystems, Common Stock	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	C-Cube Microsystems Common Stock	Purchase	06/10/96	$50,001 - $100,000
JT	C-Cube Microsystems Common Stock	Sold	10/18/96	$50,001 - $100,000
JT	C-Cube Microsystems Common Stock	Purchase	11/05/96	$15,001 - $50,000
JT	C-Cube Microsystems Common Stock	Purchase	12/19/96	$1,001 - $15,000
JT	C-Cube Microsystems Common Stock	Purchase	12/31/96	$15,001 - $50,000

Name Stephen E. Buyer | Page 6 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Small Business Administration, Denver, CO	Mortgage on Law Office, 103 W. Broadway, Monticello, Indiana	$10,001 - $15,000

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
12/31/92	Clients of former law practice	Fee agreements with former clients & referred law firms for payment when cases are resolved. All compensated work performed prior to January 1, 1993

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 13 PM 4:22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

HERBERT LEON CALLAHAN
(Full Name)

3251 RIVERE DU CHIEN DRIVE
(Mailing Address)

MOBILE AL 36693
Daytime Telephone: (334) 690-2811

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: H L Callahan

DATE (Month/Day/Year): MAY 13, 1997

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US HOUSE OF REPRESENTATIVES	SALARY	133,600

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples.* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
AM SOUTH BANK	$50,001 - $100,000	Interest	$201 - $1,000	
FIRST ALABAMA BANK	$1,001 - $15,000	Interest	$1,001 - $2,500	
FEDERAL CREDIT UNION	$1,001 - $15,000	Interest	$1 - $200	
THE FINCH COMPANIES	$250,001 - $500,000	Interest	$15,001 - $50,000	
DEAN WITTER	$1,001 - $15,000		$1 - $200	
FROM "SUB S" CORPORATION (PASS THROUGH ITEMS)				
FURNITURE LEASING CORP.	Over $1,000,000	Dividends	$50,001 - $100,000	
FROM PARTNERSHIPS (PASS THROUGH ITEMS)				

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

H B. DEVELPOMENT VENTURE	$15,001 - $50,000	Interest	$1 - $200	
DOUBLE M JOINT VENTURE	$15,001 - $50,000	Rent	$1 - $200	
CHOCTAW COUNTY ALABAMA CAMP	$1,001 - $15,000	None	$1 - $200	

Name HERBERT LEON CALLAHAN | Page 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	FIRST ALABAMA BANK	PERSONAL	$15,001 - $50,000
	SOUTHTRUST BANK	PERSONAL	$10,001 - $15,000
	VICTOR T HUDSON	PERSONAL	$15,001 - $50,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
PARTNER	DOUBLE-M JOINT VENTURE
PARTNER	H.B. DEVELOPMENT
CHAIRMAN	FURNITURE LEASING CORP.

Name HERBERT LEON CALLAHAN	Page 7 of 7

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
10/31/94	SECURE-IT SELF STORAGE	WHEN SECURE-IT SELF STORAGE WAS SOLD IN 1994 AGREEMENT TO SHARE NET PROFITS IF SOLD IN FIVE YEARS

HAND DELIVERED

4328 Boulevard Park South
Mobile, Alabama 36609-3405
Office: 334/343-9120
Facsimile: 334/343-9136

H. Eugene Gibbons, C.P.A.
John R. Dees, Jr., C.P.A. (Ret.)
J. Anthony Dees, C.P.A.
Terry J. Buck, C.P.A.
Gerald E. Gibbons, C.P.A.

Members
American Institute of
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AICPA Division of CPA Firms
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Alabama Society of
Certified Public Accountants

May 28, 1997

97 JUN -3 PM 4:10

(9) ✓
MC

The Clerk
U.S. House of Representatives

We are submitting corrected schedules III and IV of the financial disclosure statement for the calendar year 1996 for Herbert Leon Callahan, Member of the U. S. House of Representatives.

Thanking you in advance, I remain,
Sincerely,

Gene Gibbons, CPA

GG/ldb

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 JUN -3 PM 3:52

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(Office Use Only)

HERBERT LEON CALLAHAN
(Full Name)

3251 RIVERE DU CHIEN DRIVE
(Mailing Address)

MOBILE AL 36693

Daytime Telephone: (334) 690-2811

Filer Status	[X] Member of the U S House of Representatives	State: AL District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See S U S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: H L Callahan

DATE (Month/Day/Year): June 3, 1997

Name HERBERT LEON CALLAHAN | Page 2 of 8

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US HOUSE OF REPRESENTATIVES	SALARY	133,600

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20		BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples*	Mega Corp Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	AM SOUTH BANK		$50,001 - $100,000	Interest	$201 - $1,000	
	FIRST ALABAMA BANK		$1,001 - $15,000	Interest	$1,001 - $2,500	
	FEDERAL CREDIT UNION		$1,001 - $15,000	Interest	$1 - $200	
	THE FINCH COMPANIES		$250,001 - $500,000	Interest	$15,001 - $50,000	
	CORTE BUSINESS SERVICES-COMMON STOCK		$1,001 - $15,000	Dividends	$1 - $200	P
	CHECKERS DRIVE IN RESTAURANTS INC-COMMON STOCK		$1,001 - $15,000	Dividends	$1 - $200	P
	FROM "SUB S" CORPORATION (PASS THROUGH ITEMS)					
	FURNITURE LEASING CORPORATION		Over $1,000,000	Dividends	$50,001 - $100,000	

Name HERBERT LEON CALLAHAN | Page 4 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

FROM PARTNERSHIPS (PASS THROUGH ITEMS)				
H B. DEVELOPMENT VENTURE	$15,001 - $50,000	Interest	$1 - $200	
DOUBLE M JOINT VENTURE	$15,001 - $50,000	Rent	$1 - $200	
CHOCTAW COUNTY ALABAMA CAMP	$1,001 - $15,000	None	$1 - $200	

Name HERBERT LEON CALLAHAN | Page 5 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	CORTE BUSINESS SERVICES-COMMON STOCK	Purchase	11-20-96	$1,001 - $15,000
	CHECKERS DRIVE IN RESTAURANTS, INC.-COMMON STOCK	Purchase	11-21-96	$1,001 - $15,000

Name HERBERT LEON CALLAHAN | Page 6 of 8

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	FIRST ALABAMA BANK	PERSONAL	$15,001 - $50,000
	SOUTHTRUST BANK	PERSONAL	$10,001 - $15,000
	VICTOR T. HUDSON	PERSONAL	$15,001 - $50,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26.
Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
PARTNER	DOUBLE-M JOINT VENTURE
PARTNER	H B DEVELOPMENT
CHAIRMAN	FURNITURE LEASING CORP

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
10/31/94	SECURE-IT SELF STORAGE	WHEN SECURE-IT SELF STORAGE WAS SOLD IN 1994 AGREEMENT TO SHARE NET PROFITS IF SOLD IN FIVE YEARS.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:14

(10)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

KENNETH STANTON CALVERT
(Full Name)

1034 LONGWORTH BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone
202/225-1986

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 43rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Kenneth S. Calvert

DATE (Month/Day/Year): 5/15/97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name KENNETH STANTON CALVERT | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	N/A			

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Name KENNETH STANTON CALVERT

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Commercial Rental 63 W. Grand Blvd., Corona, CA					X								X					X										
	Vacant Land Greenway Farms, TX						X							X					X										
	Vacant Land (9.16), Corona, CA Temescal Interstate Prop.					X										X			X										
	Vacant Land Corona Green River Business Park, CA					X										X			X										
	Note Receivable Calvert Real Properties, Inc.					X									X								X						
	Vacant Land, Temescal Canyon Corona, CA (17%)				X											X			X										S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name KENNETH STANTON CALVERT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Vacant Land, Santa Rosa Ranch Murrietta, CA					X										X			X										
	LTD Partnership-Western Ag. Ventures Assoc. - TCD's	X														X			X										
	Stock in Calvert Real Properties FNC - Corona, CA				X								X						X										
	Land - Temescal Creek Corona, CA					X								X						X									
	Commercial Rental (27%) Main at Washburn, Corona, CA				X									X									X						

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SCHEDULE IV — TRANSACTIONS

Name KENNETH STANTON CALVERT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
	Vacant Land, Temescal Canyon Corona, CA (17%)		X		06-11-96				X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x			
	Upland Bank, Upland, CA	Mortgage on 63 W. Grand Corona, CA				x			
	De Anza Bank, Riverside, CA	Mortgage, Temescal Canyon, Corona, CA		x					
	*SWF 1996 Limited Partnership, Dallas, TX	Mortgage, 63 W. Grand, Corona CA			x				
	*SWF 1996 Limited Partnership, Dallas, TX	Mortgage, Santa Rosa, Murrieta, CA					x		
	*SWF 1996 Limited Partnership, Dallas, TX	Mortgage, Green River Bus. Park, Corona, CA				x			

*Formerly Western Community Bank

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

CREDITOR	TYPE OF LIABILITY	AMOUNT OF LIABILITY
Liberty National Bank, Santa Fe Springs, CA	Mortgage, Temescal Canyon, Corona	E $100,000 ($250,000)

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
National Cmte. on U.S.-China Relations/grant from Freedman Foundation	Nov. 30-Dec. 10	LAX-CHINA-HONG KONG-LAX	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1996 22–642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 AM 9:47
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only)

DAVID LEE CAMP
(Full Name)

5901 WOODVIEW PASS
(Mailing Address)

MIDLAND MI 48642

Daytime Telephone (202) 225-3561

Filer Status	[X] Member of the U.S. House of Representatives — State: MI District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Dave Camp

DATE (Month, Day, Year): May 15, 1997

Name	DAVID LEE CAMP	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NANCY L. CAMP - THE DOW CHEMICAL COMPANY	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B											Block C						Block D										Block E
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	i None – $200	ii $201 – $1,000	iii $1,001 – $2,500	iv $2,501 – $5,000	v $5,001 – $15,000	vi $15,001 – $50,000	vii $50,001 – $100,000	viii $100,001 – $1,000,000	ix $1,000,001 – $5,000,000	x Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del.							X						X											X				
		1st Bank of Paducah, KY accounts					X									X						X								
		Camp Real Estate Ageocy : Commercial Buildings in Michigan				X									X		X							X						S
		Camp Agency: Note Receivable		X												X				X										
		Chemical Bank & Trust Co. -Checking	X													X				X										
		Chemical Bank & Trust Co. - Checking	X													X				X										
		Chemical Bank & Trust Co. - Checking	X													X				X										
		Chemical Financial Corporation/stock		X										X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID LEE CAMP

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	American Home Products - Stock		X										X								X								
	Comerica, Inc. - Stock			X									X									X							
	Dow Chemical Company - Stock						X						X			X										X			S
	HJ Heinz - Stock			X									X								X								
	Kellogg - Stock			X									X							X									
	VanKampen Municipal Trust		X												X					X									
	AG Edwards MMF - Centennial			X											X						X								
	AG Edwards MMF - Tax Exempt Centennial		X												X						X								
	AG Edwards-Rollover-IRA Self-Directed																												
	Bond Fund of America			X									X									X							P
	Daily Cash Accum Fuod	X											X						X										
	HJ Heinz		X										X							X									
	May Department Stores		X										X							X									
	Seligman CMMNCTNS and Info. Fund			X									X							X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID LEE CAMP

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	AG Edwards IRA SEIf- Directed Daily Cash Accum. Fund	X											X						X										
	Chemical Financial Corporation			X									X							X									
	Seligman Henderson Global Fund			X											X				X										P
	Gillette Company			X									X							X									P
	Home Depot, Inc.			X									X						X										P
	Intel Corporation				X								X						X										P
	McDonalds Corporation			X									X						X										P
	Sara Lee Corporation			X									X							X									P
	Sprint			X									X							X									P
	Michigan State Employees Deferred Compensation Plan II			X											X				"	NA'									
	Abbott Laboratories			X									X							X									P
	American Home Products Corp			X									X							X									P
	American Water Works Co. Inc.			X									X							X									P
	Amgen			X									X						X										P
	Walt Disney Co.			X									X						X										P

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID LEE CAMP

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	General Electric			X									X							X									P
	HJ Heinz Co.			X									X							X									P
	Hewlett-Packard Co.			X									X						X										P
	Proctor & Gamble			X									X							X									P
	401 K - Dow Chemical Co.				X								X		X				"NA"										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name DAVID LEE CAMP

Page 1 of 2

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
	Camp Agency - Building Merrill		X		04-04-96			X							
	Camp Agency - Note Receivable			X	04-04-96	X									
	Seligman CMMNCTNS and Info. Fund	X			05-14-96	X									
	Seligman Henderson Global Fund	X			05-14-96	X									
	Gillette Company	X			03-07-96		X								
	Home Depot, Inc.	X			03-11-96		X								
	Intel Corporation	X			03-07-96		X								
	McDonalds Corporation	X			03-11-96		X								
	Dow Chemical Company		X		02-08-96					X					
	Bond Fund of America, Inc.	X			Various 1996	X									
	Abbott Laboratories	X			03-07-96		X								
	American Water Works Co. Inc.	X			03-07-96		X								
	Hewlett-Packard Co.	X			03-07-96		X								
	Sara Lee Corp.	X			03-07-96		X								
	Sprint Corp.	X			03-07-96		X								
	AmGen	X			03-08-96		X								

This page may be copied if more space is required.

Name DAVID LEE CAMP

Page 2 of 2

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–96		X								
	HJ Heinz Co.		X			03-08-96		X								
	Proctor & Gamble		X			03-08-96		X								
	American Home Products		X			03-11-96		X								
	Walt Disney Co.		X			03-11-96		X								
	General Electric Co.		X			03-11-96		X								

This page may be copied if more space is required.

196

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 AM 9:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 15, 1997

The Clerk, U.S. House of Reprensentatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6612

ME

HAND DELIVERED

(1)

Dear Clerk of the House,

Please amend my Financial Disclosure Statement for 1 Schedule III, to include: 401 K-Dow Chemical, Year End Asset Value-C; Type of Income-Dividends, Interest and Amount of Income-Not Applicable.

Please amend my Financial Disclosure Statement for 1995, Schedule III, to include: 401 K-Dow Chemical, Year End Asset Value-D; Type of Income-Dividends, Interest and Amount of Income-Not Applicable.

Sincerely,

David Lee Camp
5901 Woodview Pass
Midland, MI 48642

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
97 MAY -9 AM 9:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

Thomas J. Campbell
(Full Name)

2442 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2631

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 15	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom Campbell

DATE (Month/Day/Year): MAY 7, 1997

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$10,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Stanford Law School, Stanford, CA	Salary	$22,705.60
(Note: Amount earned before entering Congress for teaching in Autumn, 1995, but paid over full academic year.)		
US Berkeley HAAS School of Management, Berkeley, CA	Spouse's Salary	NA
Atlas Corporation	Spouse's Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas J. Campbell | Page 3 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC, *Examples.* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Bungalow behind residence (665 Alvarado Row, Stanford, 94305)	$1,001 - $15,000	Rent	$5,001 - $15,000	NA
SP	***General Motors Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	***Johnson & Johnson Corporation	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	NA
	SPS Transactions Corporation (stock options obtained over three years. Exercised	$15,001 - $50,000	Capital Gains	$2,501 - $5,000	P/S
SP	***ITT Hartford Group, Inc.	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	***McDonald's Corporation	$1,001 - $15,000	Dividends	None - $200	NA
JT	Wells Fargo Checking Acct.	$1,001 - $15,000	Interest	None - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Wells Fargo Savings Acct.	$15,001 - $50,000	Interest	$201 - $1,000	NA
	Wells Fargo Checking Acct.	$1,001 - $15,000	Interest	None - $200	NA
	Charles Schwab	$1,001 - $15,000	Interest	None - $200	NA
SP	The Reserve Fund (Ferris Baker Watts)	$1,001 - $15,000	Dividends	$201 - $1,000	S
	Lincoln National Life	None - $1,000	Dividends	None - $200	NA
SP	***Washington Mutual Fund (Including American Funds Group and New Perspective fund)	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	First Virginia Bank Account	$1,001 - $15,000	Interest	None - $200	NA
SP	***Wheat First Money Market	$15,001 - $50,000	Dividends	$5,001 - $15,000	P
SP	Georgian Wines L.L.C.	$15,001 - $50,000	Dividends	None - $200	NA
SP	Chalice Travel (Spouse began traveling to USSR in 1981 which has continued to the present. She is involved in business exchange and tourism.)	Contributed Labor	None	None	P
SP	Martin Family Trust: (Spouse has remiander interest: no right to present income.)				NA
	--US Treasury Notes	$50,001 - $100,000			
	--Heinz H J. Company	$15,001 - $50,000			
	--JC Penny	$15,001 - $50,000			
	--New England Telephone & Telegram	$1,001 - $15,000			
	--First Virginia Bank	$100,001 - $250,000			
SP	***MFS Municipal Bond Fund Class A	$1,001 - $15,000	Interest	$201 - $1,000	NA
	***All securities in spouse's account are set up to reinvest dividends and capital gains in more shares. Note. all spouse's securities placed into Susanne M Campbell Family Ltd. Partnership.				

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	SPS Transaction Services, Inc. (Common Stock, upon exercise of option)	Purchase	11/3/95	$15,001 - $50,000
	SPS Transaction Services, Inc. (Common Stock, upon exercise of option)	Sold	11/3/95	$15,001 - $50,000
SP	***ITT Hartford Company	Purchase	12/22/95	$1,001 - $15,000
SP	***Ferris Baker Watts (Reserve Fund)	Sold	12/1/95	$1,001 - $15,000
SP	***Wheat First Money Market Fund	Purchase	12/1/95	$15,001 - $50,000
SP	MFS Municipal Bond Fund Class A	Purchase	1/14/91 (Inadvertently omitted from earlier report of Nov. 6, 1995.)	$1,001 - $15,000
	Contrarian Fund, Robertson-Stephens	Purchase	5/31/96	$15,001 - $50,000
	Contrarian Fund, Robertson-Stephens	Sold	9/5/96 & 9/30/96	$15,001 - $50,000

Name Thomas J. Campbell | Page 6 of 8

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
California Bankers Asso. (Keynote Speaker at Annual Meeting)	May 17, 1996	SFO-San Diego-SFO	Y	Y	N	N
University of Illinois (Board of Advisors)	Oct. 25, 1996	SFO-Chicago-SFO	Y	Y	N	N
Independent Bankers of America Association	Nov. 9-10	San Jose-Napa Valley-San Jose	Y	Y	Y	Y
Lincoln Club of Northern California	April 26, 1997	San Jose-Monterey-San Jose	Y	Y	Y	Y

Name Thomas J. Campbell | Page 7 of 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Professor (on leave)	Stanford Law School

Name Thomas J. Campbell | Page 8 of 8

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
	Stanford University and Tom Campbell	Tenured faculty member on leave, right to live on campus, right to return to salaried position.

NOTE: Congressman Campbell wishes to attach to this disclosure form his 1996 federal income tax return as well.

FORM **1040** Department of the Treasury – Internal Revenue Service
U.S. Individual Income Tax Return 1996

(99) IRS Use Only – Do not write or staple in this space.

For the year Jan. 1 – Dec. 31, 1996, or other tax year beginning , 1996, ending , 19 OMB No. 1545-0074

Label (See page 11.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

THOMAS J. CAMPBELL
SUSANNE M. CAMPBELL
474 DOVER WAY
CAMPBELL, CA 95008

Your social security number: 347-38-4500
Spouse's social security number: 223-86-9242

For help finding line instructions, see pages 2 and 3 in the booklet.

Presidential Election Campaign (See page 11.)

	Yes	No
Do you want $3 to go to this fund?	X	
If a joint return, does your spouse want $3 to go to this fund?		X

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status Check only one box.

1 [ ] Single
2 [X] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 [ ] Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See instructions.)

Exemptions

6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b [X] Spouse

No. of boxes checked on lines 6a and 6b: 2

c Dependents:

(1) First Name Last name	(2) Dependent's social security number, if born in Dec. 1996, see inst.	(3) Dependent's relationship to you	(4) No. of mos. lived in your home in 1996

If more than six dependents, see the instr. for line 6c.

No. of your children on line 6c who:
- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

d Total number of exemptions claimed — Add numbers entered on lines above ▶ 2

Income Attach Copy B of your Forms W-2, W-2G, and 1099-R here. If you did not get a W-2, see the instr. for line 7. Enclose, but do not attach, any payment. Also, please enclose Form 1040-V (see the instructions for line 62).

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	185,389
8a	Taxable interest. Attach Schedule B if over $400		8a	129
b	Tax-exempt interest. DO NOT include on line 8a ..... ST..2.	8b 1,653		
9	Dividend income. Attach Schedule B if over $400		9	3,728
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	1,191
13	Capital gain or (loss). If required, attach Schedule D		13	7,448
14	Other gains or (losses). Attach Form 4797		14	
15a	Total IRA distributions	15a	b Taxable amount (see inst.) 15b	
16a	Total pensions and annuities	16a	b Taxable amount (see inst.) 16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	3,044
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount (see inst.) 20b	
21	Other income.		21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	200,929

Adjusted Gross Income If line 31 is under $28,495 (under $9,500 if a child did not live with you), see the instr. for line 54.

23a	Your IRA deduction (see instructions)	23a		
b	Spouse's IRA deduction (see instructions)	23b		
24	Moving expenses. Attach Form 3903 or 3903-F	24		
25	One-half of self-employment tax. Attach Schedule SE	25	84	
26	Self-employed health insurance deduction (see inst)	26		
27	Keogh & self-employed SEP plans. If SEP, check ▶ [ ]	27		
28	Penalty on early withdrawal of savings	28		
29	Alimony paid. Recipient's SSN ▶	29		
30	Add lines 23a through 29		30	84
31	Subtract line 30 from line 22. This is your adjusted gross income ▶		31	200,845

For Privacy Act and Paperwork Reduction Act Notice, see page 7.

Form 1040 (1996) THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500 Page 2

Tax Computation	32 Amount from line 31 (adjusted gross income)			32	200,845
	33 a Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a				
	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here ▶ 33b ☐				
	34 Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. • Single – $4,000 • Married filing jointly or Qualifying widow(er) – $6,700 • Head of household – $5,900 • Married filing separately – $3,350			34	42,547
	35 Subtract line 34 from line 32			35	158,298
If you want the IRS to figure your tax, see the instructions for line 37.	36 If line 32 is $88,475 or less, multiply $2,550 by the total number of exemptions claimed on line 6d. If line 32 is over $88,475, see the worksheet in the inst. for the amount to enter			36	4,080
	37 Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-			37	154,218
	38 Tax. See instructions. Check if total includes any tax from a ☐ Form(s) 8814 b ☐ Form 4972			38	39,838
Credits	39 Credit for child and dependent care expenses. Att. Form 2441	39			
	40 Credit for the elderly or the disabled. Attach Schedule R	40			
	41 Foreign tax credit. Attach Form 1116	41	73		
	42 Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	42			
	43 Add lines 39 through 42			43	73
	44 Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-			44	39,765
Other Taxes	45 Self-employment tax. Att. Sch. SE			45	168
	46 Alternative minimum tax. Attach Form 6251			46	
	47 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137			47	
	48 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329			48	
	49 Advance earned income credit payments from Form(s) W-2			49	
	50 Household employment taxes. Attach Schedule H			50	
	51 Add lines 44 through 50. This is your total tax			51	39,933
Payments	52 Federal income tax withheld from Forms W-2 and 1099	52	36,860		
	53 1996 estimated tax payments and amount applied from 1995 return	53			
Attach Forms W-2, W-2G, and 1099-R on the front.	54 Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount ▶ and type ▶	54			
	55 Amount paid with Form 4868 (request for extension)	55			
	56 Excess social security and RRTA tax withheld (see inst.)	56	1,747		
	57 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	57			
	58 Add lines 52 through 57. These are your total payments			58	38,607
Refund	59 If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID			59	
	60a Amount of line 59 you want REFUNDED TO YOU			60a	
Have it sent directly to your bank account! See inst. and fill in 60b, c, and d.	b Routing number c Type: ☐ Checking ☐ Savings d Account number				
	61 Amount of line 59 you want APPLIED TO 1997 ESTIMATED TAX ▶	61			
Amount You Owe	62 If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, see instructions			62	1,326
	63 Estimated tax penalty. Also include on line 62	63			

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature	Date	Your occupation
		PROF./CONGRESSMAN
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation
		UNIV ADMINISTRATOR

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☒	Preparer's social security no.
PAUL D. HANCOCK Hancock	4/02/97		492-50-6760
Firm's name (or yours if self-employed) and address: PAUL D. HANCOCK, CPA, 655 SKYWAY ROAD, SUITE 215, SAN CARLOS, CA		EIN	77-0293779
		ZIP code	94070

SCHEDULES A&B (Form 1040)
Department of the Treasury Internal Revenue Service

Schedule A – Itemized Deductions

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074
1996
Attachment Sequence No 07

Name(s) shown on Form 1040: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1)	1			
	2	Enter amount from Form 1040, line 32 2				
	3	Multiply line 2 above by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You Paid	5	State and local income taxes	5	16,007		
	6	Real estate taxes (see page A-2)	6	2,197		
	7	Personal property taxes	7	144		
(See page A-1.)	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	18,348
Interest You Paid	10	Home mortgage interest and points reported on Form 1098 ..ST. 3...	10	23,793		
(See page A-2.)	11	Home mortgage interest not reported on Form 1098. If paid to the person from whom you bought the home, see page A-2 & show that person's name, ID no. & address ▶	11			
Note: Personal interest is not deductible.	12	Points not reported on Form 1098. See page A-3	12			
	13	Investment interest. If required, attach Form 4952. (See page A-3) ....SEE STATEMENT 4.	13	123		
	14	Add lines 10 through 13			14	23,916
Gifts to Charity	15	Gifts by cash or check. If any gift of $250 or more, see pg. A-3 ST..5.	15	2,712		
If you made a gift and got a benefit for it, see page A-3.	16	Other than by cash or check. If any gift of $250 or more, see page A-3. If over $500, you MUST attach Form 8283	16			
	17	Carryover from prior year	17			
	18	Add lines 15 through 17			18	2,712
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-4.)			19	0
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses – job travel, union dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-4.) ▶ SEE STATEMENT 6	20	3,655		
	21	Tax preparation fees	21	400		
(See page A-5 for expenses to deduct here.)	22	Other expenses – investment, safe deposit box, etc. List type and amount ▶ SAFE DEPOSIT BOX RENTAL 20	22	20		
	23	Add lines 20 through 22	23	4,075		
	24	Enter amount from Form 1040, line 32 .... 24 200,845				
	25	Multiply line 24 above by 2% (.02)	25	4,017		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26	58
Other Miscellaneous Deductions	27	Other – from list on page A-4. List type and amount ▶			27	0
Total Itemized Deductions	28	Is Form 1040, line 32, over $117,950 (over $58,975 if married filing separately)? NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-5 for the amount to enter.			28	42,547

KFA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1996

Schedules A&B (Form 1040) 1996 — OMB No. 1545-0074 — Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Schedule B – Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income (See page B-1.)

Note: If you had over $400 in taxable interest income, you must also complete Part III.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		
	FIRST VIRGINIA BANK		127
	WELLS FARGO BANK		2
		1	
2	Add the amounts on line 1	2	129
3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	129

Part II Dividend Income (See page B-1.)

Note: If you had over $400 in gross dividends and/or other distributions on stock, you must also complete Part III.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

				Amount
5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ▶			
	KATHLEEN M. COLE FAMILY L.P.			206
	SUSANNE M. CAMPBELL FAMILY L.P.			1,315
	SUSANNE M. CAMPBELL FAMILY L.P.			28
	WHEAT FIRST			2,179
			5	
6	Add the amounts on line 5		6	3,728
7	Capital gain distributions. Enter here and on Schedule D*	7		
8	Nontaxable distributions. (See the inst. for Form 1040, line 9.)	8		
9	Add lines 7 and 8		9	
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶		10	3,728

* If you do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, line 13.

Part III Foreign Accounts and Trusts (See page B-1.)

You must complete this part if you (a) had over $400 of interest or dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
11a	At any time during 1996, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-1 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of foreign country ▶		
12	During 1996, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," see page B-2 for other forms you may have to file		X

KFA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

SCHEDULE C (Form 1040)
Department of the Treasury Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065.
▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074
1996
Attachment Sequence No. 09

Name of proprietor: SUSANNE M. CAMPBELL
Social security number (SSN): 223-86-9242

A Principal business or profession, including product or service (see page C-1): TOUR MANAGER
B Enter principal business code (from page C-6) ▶ 9837

C Business name. If no separate business name, leave blank.
D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 1996, check here ▶ ☐

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here ▶ ☐	1	2,200
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2,200
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	2,200
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6	
7	Gross income. Add lines 5 and 6 ▶	7	2,200

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see page C-3)	9		20	Rent or lease (see page C-4):		
10	Car and truck expenses (see page C-3)	10		a	Vehicles, machinery & equipment	20a	
11	Commissions and fees	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13		22	Supplies (not included in Part III)	22	76
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:		
16	Interest:			a	Travel	24a	889
a	Mortgage (paid to banks, etc.)	16a		b	Meals and entertainment		
b	Other	16b		c	Enter 50% of line 24b subject to limitations (see page C-4)		
17	Legal and professional services	17		d	Subtract line 24c from line 24b	24d	
18	Office expense	18	44	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27	Other expenses (from line 48 on page 2)	27	

28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns ▶	28	1,009
29	Tentative profit (loss). Subtract line 28 from line 7	29	1,191
30	Expenses for business use of your home. Attach Form 8829	30	
31	Net profit or (loss). Subtract line 30 from line 29.	31	1,191

- If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you MUST go on to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-5).

- If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you MUST attach Form 6198.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

SCHEDULE D (Form 1040)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ Use lines 20 and 22 for more space to list transactions for lines 1 and 9.

OMB No. 1545-0074
1996
Attachment Sequence No. 12

Name(s) shown on Form 1040: THOMAS J. AND SUSANNE M. CAMPBELL
Your social security number: 347-38-4500

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
JOHNSON AND JOHNSON IN LIEU OF STOCK	VARIOUS	12/31/96	23			23
585 SH CONTRARIAN FUND	5/31/96	9/05/96	10,161	10,000		161
924.662 SH CONTRARIAN FUND	5/31/96	9/30/96	15,146	15,000		146
2 Enter your short-term totals, if any, from line 21			2 45,112			4,991
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2			3 70,442			
4 Short-term gain from Forms 2119 and 6252, and short-term gain or loss from Forms 4684, 6781, and 8824				4		
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	68	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1995 Capital Loss Carryover Worksheet				6		
7 Add lines 1 through 6 in columns (f) and (g)				7	(68)	5,321
8 Net short-term capital gain or loss. Combine columns (f) and (g) of line 7 ▶					8	5,253

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

10 Enter your long-term totals, if any, from line 23			10			
11 Total long-term sales price amounts. Add column (d) of lines 9 and 10			11			
12 Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824				12		
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				13		2,195
14 Capital gain distributions				14		
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1995 Capital Loss Carryover Worksheet				15		
16 Add lines 9 through 15 in columns (f) and (g)				16	( )	2,195
17 Net long-term capital gain or (loss). Combine columns (f) and (g) of line 16 ▶					17	2,195

Part III Summary of Parts I and II

18 Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. Note: If both lines 17 and 18 are gains, see the Capital Gain Tax Worksheet on page 24	18	7,448
19 If line 18 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: a The loss on line 18; or b ($3,000) or, if married filing separately, ($1,500)	19	( )
Note: See the Capital Loss Carryover Worksheet on page D-3 if the loss on line 18 exceeds the loss on line 19 or if Form 1040, line 35, is a loss.		

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

KFA

Schedule D (Form 1040) 1996 Attachment Sequence No. 12 Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side. Your social security number

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

Part IV Short-Term Capital Gains and Losses – Assets Held One Year or Less (Continuation of Part I)

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
1492 SH SPS TRANSACTION SVCS. INC.	2/01/96	2/06/96	45,112	40,121		4,991
21 Short-term totals. Add columns (d), (f), and (g) of line 20. Enter here and on line 2			21 45,112			4,991

Part V Long-Term Capital Gains and Losses – Assets Held More Than One Year (Continuation of Part II)

23 Long-term totals. Add columns (d), (f), and (g) of line 22. Enter here and on line 10			23			

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

1996

Attachment Sequence No. **12A**

Name(s) shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number: 347-38-4500

Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 1996. See instructions			1	123
2 Disallowed investment interest expense from 1995 Form 4952, line 7			2	
3 **Total investment interest expense.** Add lines 1 and 2			3	123

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)			4a	3,857
b Net gain from the disposition of property held for investment	4b	7,448		
c Net capital gain from the disposition of property held for investment	4c	2,195		
d Subtract line 4c from line 4b. If zero or less, enter -0-			4d	5,253
e Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions ▶			4e	
f Investment income. Add lines 4a, 4d, and 4e. See instructions			4f	9,110
5 Investment expenses. See instructions			5	
6 **Net investment income.** Subtract line 5 from line 4f. If zero or less, enter -0-			6	9,110

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 1997. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8 **Investment interest expense deduction.** Enter the smaller of line 3 or 6. See instructions	8	123

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

1996

Attachment Sequence No. 13

Name(s) shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Income or Loss From Rental Real Estate and Royalties Note: Report income and expenses from your business of renting personal property on Schedule C or C-EZ (see page E-1). Report farm rental income or loss from Form 4835 on page 2, line 39.

1 Show the kind and location of each rental real estate property:

A BACKYARD BUNGALOW STANFORD CALIFORNIA

B

C

2 For each rental real estate property listed on line 1, did you or your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? (See page E-1.)

	Yes	No
A		X
B		
C		

Income:		Properties A	Properties B	Properties C		Totals (Add columns A, B, & C.)
3 Rents received	3	7,095			3	7,095
4 Royalties received	4				4	
Expenses:						
5 Advertising	5	20				
6 Auto and travel (see page E-2)	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Management fees	11					
12 Mortgage interest paid to banks, etc. (see page E-2)	12				12	
13 Other interest	13					
14 Repairs	14	2,960				
15 Supplies	15					
16 Taxes	16					
17 Utilities	17	503				
18 ▶ PAINTING AND DECORATING	16	42				
PEST CONTROL		35				
POOL MAINTENANCE		280				
NEW CARPET		200				
19 Add lines 5 through 18	19	4,040			19	4,040
20 Depreciation expense or depletion (see page E-2)	20				20	
21 Total expenses. Add lines 19 and 20	21	4,040				
22 Income/(loss) from rental real estate or royalty properties. Subtract line 21 from 3 (rents) or 4 (royalties). If result is (loss), see page E-2 to find out if you must file Form 6198	22	3,055				
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2	23	( )	( )	( )		
24 Income. Add positive amounts shown on line 22. Do not include any losses					24	3,055
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter the total losses here					25	( )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2					26	3,055

KFA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule E (Form 1040) 1996 — Attachment Sequence No. 13 — Page 2

Name(s) shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations If you report a loss from an at-risk activity, you MUST check either column (e) or (f) of line 27 to describe your investment in the activity. See page E-4. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	Invest. At Risk? (e) All is at risk	(f) Some is not at risk
A	SEE STATEMENT 7					
B						
C						
D						
E						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					STATEMENT 7
B					
C					
D					
E					
28a Totals					
b Totals			11		

29	Add columns (h) and (k) of line 28a	29	
30	Add columns (g), (i), and (j) of line 28b	30	(11)
31	Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below	31	-11

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer ID number
A		
B		
C		
D		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
C				
D				
33a Totals				
b Totals				

34	Add columns (d) and (f) of line 33a	34	
35	Add columns (c) and (e) of line 33b	35	( )
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below	36	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-4)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below	38	

Part V Summary

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39	
40	TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17 ▶	40	3,044
41	**Reconciliation of Farming and Fishing Income:** Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 13 (see page E-4)	41	
42	**Reconciliation for Real Estate Professionals.** If you were real estate professional (see pg. E-3), enter net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under passive activity loss rules.	42	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).
▶ Attach to Form 1040.

OMB No. 1545-0074
1996
Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040): SUSANNE M. CAMPBELL

Social security number of person with self-employment income ▶ 223-86-9242

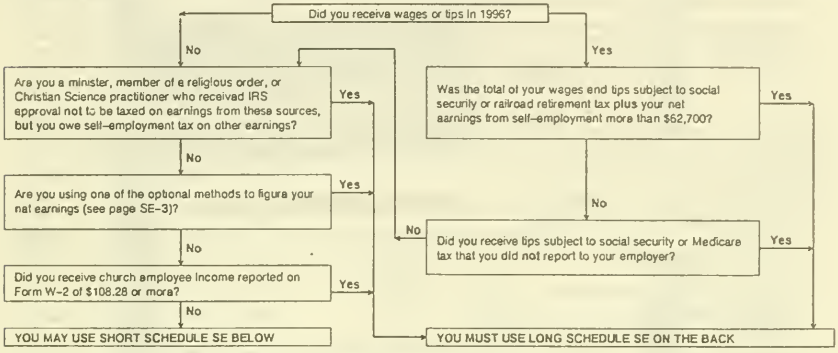
Who Must File Schedule SE

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of $400 or more, OR
- You had church employee income of $108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.
Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 45.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?



Section A – Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	1,191
3	Combine lines 1 and 2	3	1,191
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than $400, do not file this schedule; you do not owe self-employment tax ▶	4	1,100
5	Self-employment tax. If the amount on line 4 is: • $62,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 45. • More than $62,700, multiply line 4 by 2.9% (.029). Then, add $7,774.80 to the result. Enter the total here and on Form 1040, line 45.	5	168
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 25 — 6: 84		

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 1996

Form **1116**
Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, Trust, or Nonresident Alien Individual)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
▶ See separate instructions.

OMB No. 1545-0121
1996
Attachment Sequence No. **19**

Name: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number as shown on page 1 of your tax return: 347-33-4500

Report all amounts in U.S. dollars except where specified in Part II. Use a separate Form 1116 for each category of income listed below. Check only one box. Before you check a box, read Categories of Income on page 3 of the instructions. Complete this form for credit for taxes on:

a ☐ Passive income
b ☐ High withholding tax interest
c ☐ Financial services income
d ☐ Shipping income
e ☐ Dividends from a DISC or former DISC
f ☐ Certain distributions from a foreign sales corporation (FSC) or former FSC
g ☐ Lump-sum distributions (see page 3 of the instructions before completing form)
h ☒ General limitation income – all other income from sources outside the United States (including income from sources within U.S. possessions)

I Resident of (name of country) ▶ USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. However, see the exception under How To Complete Form 1116 on page 1 of the instructions.

Part I Figuring Taxable Income or Loss From Sources Outside the United States for Category Checked Above

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
J Enter the name of the foreign country or US possession. ▶	VARIOUS				
1 Gross income from sources within country shown above and of the type checked above. See page 5 of the instructions: DIVIDENDS 2,144 PAID TO SUSANNE CAMPBELL	2,144			1	2,144
Deductions and losses (Caution: See pages 5 and 6 of the instructions.):					
2 Expenses definitely related to the income on line 1 (attach statement)					
3 Pro rata share of other deductions not definitely related:					
a Certain itemized deductions or standard deduction. See instructions	4,637				
b Other deductions (attach statement)					
c Add lines 3a and 3b	4,637				
d Gross foreign source income. See instructions	2,144				
e Gross income from all sources. See instructions	207,642				
f Divide line 3d by line 3e. Do not enter more than "1"	0.0103				
g Multiply line 3c by line 3f	48				
4 Pro rata share of interest expense. See instructions:					
a Home mortgage interest. (Use worksheet on page 6 of the instructions)	232				
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	280			6	280
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 ▶				7	1,864

Part II Foreign Taxes Paid or Accrued (See page 6 of the instructions.)

COUNTRY	Credit is claimed for taxes (you must check one) (k) ☒ Paid (l) ☐ Accrued (m) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency: Taxes withheld at source on: (n) Dividends	(o) Rents and royalties	(p) Interest	(q) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on: (r) Dividends	(s) Rents and royalties	(t) Interest	(u) Other foreign taxes paid or accrued	(v) Total foreign taxes paid or accrued (add cols. (r) through (u))
A						73				73
B										
C										
8 Add lines A through C, column (v). Enter the total here and on line 9 ▶									8	73

KFA For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Part III Figuring the Credit

9	Enter amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	73	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	73	
12	Reduction in foreign taxes. See page 7 of the instructions	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 73
14	Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See page 7 of the instructions	14	1,864	
15	Adjustments to line 14. See page 7 of the instructions	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21.)	16	1,864	
17	**Individuals:** Enter amount from Form 1040, line 35. If you are a nonresident alien, enter amount from Form 1040NR, line 34. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	17	157,655	
	Caution: If you figured your tax using the maximum tax rate on capital gains, see page 8 of the instructions.			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter the figure "1"			18 0.0118
19	**Individuals:** Enter amount from Form 1040, line 38, less any amounts on Form 1040, lines 39, 40, and any mortgage interest credit (from Form 8396) on line 42. If you are a nonresident alien, enter amount from Form 1040NR, line 37, less any amount on Form 1040NR, line 38 and any mortgage interest credit (from Form 8396) on line 40. **Estates and trusts:** Enter amount from Form 1041, Schedule G, line 1c, or Form 990-T, lines 36 and 37.			19 39,838
20	Multiply line 19 by line 18 (maximum amount of credit)			20 470
21	Enter the amount from line 13 or line 20, whichever is smaller. If this is the only Form 1116 you are completing, skip lines 22 through 29 and enter this amount on line 30. Otherwise, complete the appropriate line in Part IV ▶			21 73

Part IV Summary of Credits From Separate Parts III (See page 8 of the instructions.)

22	Credit for taxes on passive income	22		
23	Credit for taxes on high withholding tax interest	23		
24	Credit for taxes on financial services income	24		
25	Credit for taxes on shipping income	25		
26	Credit for taxes on dividends from a DISC or former DISC	26		
27	Credit for taxes on certain distributions from a FSC or former FSC	27		
28	Credit for taxes on lump-sum distributions	28		
29	Credit for taxes on general limitation income (all other income from sources outside the United States)	29		
30	Add lines 22 through 29			30 73
31	Reduction of credit for international boycott operations. See instructions for line 12 on page 7			31
32	Subtract line 31 from line 30. This is your foreign tax credit. Enter here and on Form 1040, line 41; Form 1040NR, line 39; Form 1041, Schedule G, line 2a; or Form 990-T, line 39a ▶			32 73

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

Form **1116**

Department of the Treasury
Internal Revenue Service

(Individual, Estate, Trust, or Nonresident Alien Individual)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
▶ See separate instructions.

OMB No. 1545-0121

1996

Attachment Sequence No. 19

Name: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number as shown on page 1 of your tax return: 347-38-4500

Report all amounts in U.S. dollars except where specified in Part II. Use a separate Form 1116 for each category of income listed below. Check only one box. Before you check a box, read **Categories of Income** on page 3 of the instructions. Complete this form for credit for taxes on:

a ☐ Passive income
b ☐ High withholding tax interest
c ☐ Financial services income
d ☐ Shipping income
e ☐ Dividends from a DISC or former DISC
f ☐ Certain distributions from a foreign sales corporation (FSC) or former FSC
g ☐ Lump-sum distributions (see page 3 of the instructions before completing form)
h ☒ General limitation income – all other income from sources outside the United States (including income from sources within U.S. possessions)

I Resident of (name of country) ▶ USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. However, see the exception under How To Complete Form 1116 on page 1 of the instructions.

Part I Figuring Taxable Income or Loss From Sources Outside the United States for Category Checked Above

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
I Enter the name of the foreign country or US possession. ▶	VARIOUS				
1 Gross income from sources within country shown above and of the type checked above. See page 5 of the instructions: DIVIDENDS 2,144 PAID TO SUSANNE CAMPBELL	2,144			1	2,144
Deductions and losses (Caution: See pages 5 and 6 of the instructions.):					
2 Expenses definitely related to the income on line 1 (attach statement)					
3 Pro rata share of other deductions not definitely related:					
a Certain itemized deductions or standard deduction. See instructions	2,712				
b Other deductions (attach statement)					
c Add lines 3a and 3b	2,712				
d Gross foreign source income. See instructions	2,144				
e Gross income from all sources. See instructions	207,642				
f Divide line 3d by line 3e. Do not enter more than "1"	0.0103				
g Multiply line 3c by line 3f	28				
4 Pro rata share of interest expense. See instructions:					
a Home mortgage interest. (Use worksheet on page 6 of the instructions)	246				
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	274			6	274
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 ▶				7	1,870

Part II Foreign Taxes Paid or Accrued (See page 6 of the instructions.)

COUNTRY	Credit is claimed for taxes (you must check one) (k) ☒ Paid (l) ☐ Accrued	(m) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency: Taxes withheld at source on: (n) Dividends	(o) Rents and royalties	(p) Interest	(q) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on: (r) Dividends	(s) Rents and royalties	(t) Interest	(u) Other foreign taxes paid or accrued	(v) Total foreign taxes paid or accrued (add cols. (r) through (u))
A							73				73
B											
C											
8 Add lines A through C, column (v). Enter the total here and on line 9 ▶										8	73

KFA For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form **1116** (1996)

ALTERNATIVE MINIMUM TAX

Form 1116 (1996) THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500 Page 2

Part III Figuring the Credit

9	Enter amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	73	
10	Carryback or carryover (attach detailed computation).	10		
11	Add lines 9 and 10	11	73	
12	Reduction in foreign taxes. See page 7 of the instructions	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit.			13 73
14	Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See page 7 of the instructions	14	1,870	
15	Adjustments to line 14. See page 7 of the instructions	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21.)	16	1,870	
17	**Individuals:** Enter amount from Form 1040, line 35. If you are a nonresident alien, enter amount from Form 1040NR, line 34. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	17	174,217	
	Caution: If you figured your tax using the maximum tax rate on capital gains, see page 8 of the instructions.			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter the figure "1".			18 0.0107
19	**Individuals:** Enter amount from Form 1040, line 38, less any amounts on Form 1040, lines 39, 40, and any mortgage interest credit (from Form 8396) on line 42. If you are a nonresident alien, enter amount from Form 1040NR, line 37, less any amount on Form 1040NR, line 38 and any mortgage interest credit (from Form 8396) on line 40. **Estates and trusts:** Enter amount from Form 1041, Schedule G, line 1c, or Form 990-T, lines 36 and 37.			19 35,170
20	Multiply line 19 by line 18 (maximum amount of credit)			20 376
21	Enter the amount from line 13 or line 20, whichever is smaller. If this is the only Form 1116 you are completing, skip lines 22 through 29 and enter this amount on line 30. Otherwise, complete the appropriate line in Part IV. ▶			21 73

Part IV Summary of Credits From Separate Parts III (See page 8 of the instructions.)

22	Credit for taxes on passive income	22		
23	Credit for taxes on high withholding tax interest	23		
24	Credit for taxes on financial services income	24		
25	Credit for taxes on shipping income	25		
26	Credit for taxes on dividends from a DISC or former DISC	26		
27	Credit for taxes on certain distributions from a FSC or former FSC	27		
28	Credit for taxes on lump-sum distributions	28		
29	Credit for taxes on general limitation income (all other income from sources outside the United States)	29		
30	Add lines 22 through 29			30 73
31	Reduction of credit for international boycott operations. See instructions for line 12 on page 7.			31
32	Subtract line 31 from line 30. This is your foreign tax credit. Enter here and on Form 1040, line 41; Form 1040NR, line 39; Form 1041, Schedule G, line 2a; or Form 990-T, line 39a ▶			32 73

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax – Individuals

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

1996

Attachment Sequence No. 32

Name(s) shown on Form 1040: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 34, here and go to line 6	1	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2 1/2% of Form 1040, line 32	2	
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	18,348
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5	58
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21	6	( )
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
10	Incentive stock options. Enter excess of AMT income over regular tax income	10	
11	Passive activities. Enter difference between AMT and regular tax income or loss	11	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 8	12	
13	Tax-exempt interest from private activity bonds issued after 8/7/86	13	
14	Other. Enter the amount, if any, for each item and enter the total on line 14.		
	a Charitable contributions		
	b Circulation expenditures		
	c Depletion		
	d Depreciation (pre-1987)		
	e Installment sales		
	f Intangible drilling costs		
	g Long-term contracts		
	h Loss limitations		
	i Mining costs		
	j Patron's adjustment		
	k Pollution control facilities		
	l Research and experimental		
	m Tax shelter farm activities		
	n Related adjustments	14	
15	Total Adjustments and Preferences. Combine lines 1 through 14 ▶	15	18,406

Part II Alternative Minimum Taxable Income

16	Enter the amount from Form 1040, line 35. If less than zero, enter as a (loss) ▶	16	158,298
17	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
18	If Form 1040, line 32, is over $117,950 (over $58,975 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28	18	(2,487)
19	Combine lines 15 through 18 ▶	19	174,217
20	Alternative tax net operating loss deduction. See page 5 of the instructions	20	
21	**Alternative Minimum Taxable Income.** Subtract line 20 from line 19. (If married filing separately and line 21 is more than $165,000, see page 5 of the instructions.) ▶	21	174,217

Part III Exemption Amount and Alternative Minimum Tax

22	Exemption Amount. (If this form is for a child under age 14, see page 6 of the instructions.)		
	If your filing status is: / And line 21 is not over: / Enter on line 22:		
	Single or head of household $112,500 $33,750		
	Married filing jointly or qualifying widow(er) 150,000 45,000	22	38,946
	Married filing separately 75,000 22,500		
	If line 21 is over the amount shown above for your filing status, see page 6 of the instructions.		
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 ▶	23	135,271
24	If line 23 is $175,000 or less ($87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result	24	35,170
25	Alternative minimum tax foreign tax credit. See page 6 of the instructions	25	73
26	Tentative minimum tax. Subtract line 25 from line 24 ▶	26	35,097
27	Enter your tax from Form 1040, line 38 (excluding any amount from Form 4972), minus any foreign tax credit from Form 1040, line 41	27	39,765
28	**Alternative Minimum Tax.** (If this form is for a child under age 14, see page 7 of the instructions.) Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 46 ▶	28	0

KFA For Paperwork Reduction Act Notice, see separate instructions.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach this form to your return.

OMB No. 1545-0172
1996
Attachment Sequence No. 67

Name(s) shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number: 347-38-4500

Business or activity to which this form relates: SCHEDULE A (2%)

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	$17,500
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter –0–	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter –0–. If married filing separately, see page 2 of the instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1995. See page 2 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed In Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.)

Section A – General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 2 of the instructions ▶ ☐

Section B – General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Alternative Depreciation System (ADS): (See page 4 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1996	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See page 4 of the instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships & S corporations – see instructions	21	
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach this form to your return.

OMB No. 1545-0172

1996

Attachment Sequence No. **67**

Name(s) shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number: 347-38-4500

Business or activity to which this form relates: SCHEDULE C - SUSANNE M. CAMPBELL

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	$17,500
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1995. See page 2 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed In Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 2 of the instructions ▶ ☐

Section B - General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Alternative Depreciation System (ADS): (See page 4 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1996	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See page 4 of the instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships & S corporations - see instructions	21	
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

KFA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach this form to your return.

OMB No. 1545-0172

1996

Attachment Sequence No. 67

Name(s) shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number: 347-38-4500

Business or activity to which this form relates: SCHEDULE A (EMPLOYEE EXP.)

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	$17,500
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1995. See page 2 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed In Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.)

Section A – General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 2 of the instructions ▶ ☐

Section B – General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Alternative Depreciation System (ADS): (See page 4 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1996	17	886
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See page 4 of the instructions.)

20	Listed property. Enter amount from line 25	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships & S corporations – see instructions	21	886
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

TOM CAMPBELL
15TH DISTRICT, CALIFORNIA

COMMITTEE ON BANKING AND FINANCIAL SERVICES
SUBCOMMITTEES
FINANCIAL INSTITUTIONS AND CONSUMER CREDIT
DOMESTIC AND INTERNATIONAL MONETARY POLICY

COMMITTEE ON INTERNATIONAL RELATIONS
SUBCOMMITTEES
INTERNATIONAL ECONOMIC POLICY AND TRADE
AFRICA

INSIDE MAIL

Congress of the United States
House of Representatives

WASHINGTON OFFICE:
2442 RAYBURN BUILDING
WASHINGTON, DC 20515
PHONE (202) 225-2631
FAX (202) 225-6788
E-MAIL CAMPBELL@HR.HOUSE.GOV

DISTRICT OFFICE:
910 CAMPISI WAY, SUITE 1C
CAMPBELL, CA 95008
PHONE (408) 371-7337
FAX (408) 371-7925

KARIN MIRANDA PIPKIN
CHIEF OF STAFF

97 MAY 27 AM 10:18
RECEIVED BY THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 21, 1997

1
✓
MC

Ms. Robin H. Carle
Clerk of the House
H-154 United States Capitol
Washington, D.C. 20515

Dear Ms. Carle:

Could you kindly consider this letter as an amendment to my ethics filing for this year? Last year, I listed Chalice Travel on my ethics form, and I did so this year as well. Last year, my wife had told me that she might be obtaining some income from them, or might receive an ownership interest in this concern. However, this did not occur last year; nor has it his year. Accordingly, it would have been more helpful simply not to have included Chalice Travel on the ethics filing, for either year.

Thank you,

Tom Campbell

Tom Campbell
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 5:30

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

(5)

Charles T. Canady
(Full Name)

2432 Rayburn HOB, Washington, DC 20515 (202) 225-1252
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Chas. T. Canady

DATE (Month/Day/Year) 5/15/97

Name Charles T. Canady	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	School Board of Polk County, Florida	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Charles T. Canady | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples*	SP	Maga Corp. Stock			X								X							X								P
			123 Main St., Dover, Del.						X						X										X				
			1st Bank of Paducah, KY accounts				X									X						X							
SP	Euro Pac Growth Fund SBI			X										X			X			X									
SP	Growth Fund of America			X										X			X			X									
SP	New Economy Fund			X										X			X			X									
SP	Putnam Fund for Growth and Income CLA			X										X			X			X	X								

For additional assets and unearned income, use next page.

Name Charles T. Canady

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Georgia Right to Life Committee Inc.	Mar. 2-3	Orlando, FL -Atlanta - Orlando, FL	Y	Y	N	N
	National Right to Life Educational Trust Fund	Apr. 24-25	Washington, DC-New York, NY - Wash., DC	Y	Y	N	N
	Food Marketing Institute	Dec. 5-6	Lakeland, FL-Captiva Island-Lakeland, FL	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (unpaid)	Volunteers in Service to the Elderly, Inc.
Director (unpaid)	Care Net

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 19 AM 9:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MAY 13 1997
MC (Office Use Only)

(8)

Walter Holden Capps
(Full Name)

1724 Santa Barbara Street
(Mailing Address)

Daytime Telephone

Santa Barbara, Ca. 93101 805-730-1710

Filer Status	[xx] Member of the U.S. House of Representatives	State: California District: 22nd	[ ] Officer or Employee	Employing Office:
Report Type	[xx] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Walter Capps

DATE (Month/Day/Year): May 12, 1997

Name Walter Holden Capps	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	University of California-Santa Barbara	Salary	$94,256.
	Santa Barbara School District	Spouse Salary	NA
	Santa Barbara City College	Spouse Salary	NA
	Harper Collins	Royalty Income	471.
	Lutheran Church Publishing House	Royalty Income	2,357.
	University of South Florida	Royalty Income	500.

For payments to charity in lieu of honoraria, use Schedule II.

Name	Walter Holden Capps	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Walter Holden Capps

Page 4 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction (P, S, E)
SP	Examples: Mega Corp. Stock					X							X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X						X								
	Mid-State Bank		X												X				X										
	Fidelity Magellan Fund			X									X									X							
	396 Vester Sted, Solvang						X							X										X					

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Walter Holden Capps

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	N/A														

This page may be copied if more space is required.

Name Walter Holden Capps | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank United	Mortgage on 396 Vester				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 13 PM 4:01

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(17)

BENJAMIN L. CARDIN
(Full Name)

9 Whitebridge Court
(Mailing Address)

410-433-8886
Daytime Telephone

Baltimore, Maryland 21208

HAND DELIVERED
MC
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State: Maryland District: 3rd — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Benjamin L. Cardin

DATE (Month/Day/Year): May 13, 1997

Name	BENJAMIN L. CARDIN	Page 2 of 14

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salery	NA
	State of Maryland	Legislative Pension	$3818
	Maryland Assoc. of Non-public Special Education Facilities	Spouse's Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BENJAMIN L. CARDIN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp. Stock			X								X							X									P
			123 Main St., Dover, Del.							X						X										X				
			1st Bank of Paducah, KY accounts					X									X						X							
NOTE 1	Olin Corporation Common Stock				X									X							X									
	Bristol Myers Squibb Co. Common Stock						X							X									X							P
	Time Warner Common Stock			X										X						X										
	BHC Communications, Inc. Common Stock			X										X						X										
	Niagara Mohawk Common Stock			X										X						X										
	Comsat. Corp. Common Stock			X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	JT	Smith, Barney - Joint Account with spouse - following assets:																												
		1. Time Warner Debenture NO LONGER OWNED	X													X				X										S
		2. Prince George's Co., Md. Bond			X									No income Zero coupon																
		3. Cash Management Account		X										X							X									
	SP	Northeast Utilities Common Stock		X										X							X									
NOTE	2	A.T. & T. Common Stock		X										X							X									
		Lucent Technologies, Inc. Common Stock		X										X						X										P
		Agareon Pharmaceuticals, Inc. Common Stock		X										X						X										P
	JT	Md. Health & Higher Ed. Bond (Alex Brown Account)		X												X					X									
	JT	Israel Bonds		X												X				X										
	JT	Meyer M. Cardin Trust NOTE 3						X								X								X						P/S
NOTE	4	Venture BG Partnership; c/o B. Green & Co., Owings Mills, Md.	X											J(c) Distribution									X							
		Keough - A.B.A. Retirement Plan						X								N/A							X							
		Benj. L. Cardin Retire. Plan																												
	SP	Deferred Comp. Plan - Spouse's Employment			X											N/A														
	SP	T.I.A.A. - Cref Retirement & Pension Plans - Spouse's Emp.		X												N/A														

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
NOTE 5		IRAs - Regal Savings Bank; Owings Mills, Md. ~~Assets include:~~																												
		1. Israel Bonds			X											N/A														
		2. ~~Money Market Funds~~		X												N/A														
		Benjamin L. Cardin Trust (Settlor) NOTES 6 & 7				X								No	income					X										
		Congressional Credit Union		X												X				X										
	JT	Dean Witter - Joint Account with spouse - ~~following assets:~~																												
		1. Colonial Utilities Fund			X									X							X									
		2. Keystone Custodian Fund			X												X						X							P
		3. Dean Witter Global Div. Growth Fund			X									X							X									
																	X					X								P
		4. Putnam Global Growth Fund			X									X								X								
																	X				X									P
		5. AIM Value Fund, Class B			X									X							X									
																	X				X									P
		6. Cash Management Account		X												X					X									
		7. Mid Atlantic Realty Trust Common Stock		X										X							X									
		Dean Witter Account - Benjamin L. Cardin - following assets:																												
		1. Washington Suburban San. Bonds			X											X						X								
		2. Howard Co., Md. Bonds			X											X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	i None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	3. University of Md. Bonds				X										X							X							
	4. Md. Com. Dev. Bond		X												X						X								S
	5. Anne Arundel Co., Md. Bonds			X											X						X								
	6. Seligman Bond Fund			X											X	X			X		X								
	7. Md. Health & Higher Ed. Bond		X												X					X									
	8. Md. Tax Free Bond Fund 76				X										X								X						
	9. Annapolis Md. Bond			X											X					X									
	10. Md. State Bond			X											X						X								
	11. Smith, Barney Int. Munc. Bond Fund			X											X						X								
	12. Eaton Vance Munc. Trust			X											X						X								P
	13. Md. Inv. Quality Tax Exempt. Trust - Ser. 44		X												X					X									
	14. Md. Tax Free Bond Trust 70		X												X					X									S
	15. Md. Tax Free Bond Trust 71 (Trust 283)			X											X						X								S
	16. Md. Tax Free Bond Trust 79			X											X						X								S
	17. Md. Tax Free Bond Trust 84			X											X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction (P, S, E)
18. Nuveen Md. Prem. Munc. Fund			X											X						X								
19. Tax Exempt. Sec. Trust 374 TR 32				X										X							X							
20. Delaware Group Div. & Inc. Fund			X									X									X							
21. Putnam Fund for Growth & Income B				X								X									X							
															X						X							P
22. American Capital Equity Inc. Fund B			X									X								X								
															X					X								P
23. GT Global Telecommunications Fund B			X									X							X									
															X						X							P
24. Dean Witter Cash Management Account	X											X								X								
25. Colonial Trust Utilities Fund Class B (Trust IV)			X									X							X									
26. Dean Witter Select Munc. Md. Fund		X												X					X									
27. Md. Dept. of Trans. Bond		X												X					X									
28. Frederick Co., Md. Bond			X											X						X								
29. Keystone Small Co. Growth		X													X					X								P
30. Dean Witter American Value Fund		X										X							X									
															X				X									P

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SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN

Page 8 of 14

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
JT	Keystone Custodian Fund (Dean Witter Account - JT)	X			6-26-96 NOTE 8	X									
JT	Putnam Global Growth Fund (Dean Witter Account - JT)	X			12-31-96 NOTE 8	X									
JT	AIM Value Fund, Class B (Dean Witter Account - JT)	X			12-16-96 NOTE 8	X									
	Bristol Myers Squibb Co. Common Stock	X			Quarterly NOTE 8	X									
JT	Time Warner Debenture (Smith Barney	Redemption			2-1-96	X									
JT	Dean Witter Global Div. Growth Fund (Dean Witter Account - JT)	X			Quarterly NOTE 8	X									
	Eaton Vance Munc. Trust (Dean Witter Account)	X			Monthly NOTE 8	X									
	Putnam Fund for Growth & Income B (Dean Witter Account)	X			Quarterly NOTE 8	X									
	American Capital Equity Income Fund B (Dean Witter Account)	X			Quarterly NOTE 8	X									
	Keystone Small Co. Growth (Dean Witter Account)	X			6-26-96 NOTE 8	X									
	Dean Witter American Value Fund (Dean Witter Account)	X			Semi-Ann. NOTE 8	X									
	GT Global Telecommunications Fund B (Dean Witter Account)	X			12-3-96 NOTE 8	X									
	Md. Community Dev. Bond (Dean Witter Account)	matured			4-1-96		X								
	Md. Tax Free Bond Trust 79 (Dean Witter Account)	return of principle			2-15-96 3-15-96	X									
	Md. Tax Free Bond Trust 70 (Dean Witter Account)	return of principle			1-15-96	X									
	Md. Tax Free Bond Trust 71 (Dean Witter Account)	return of principle			5-15-96	X									

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SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-96		X								
	Lucent Technologies, Inc. Common Stock	X			9-30-96 NOTE 2	X									
	Agareon Pharmaceuticals, Inc. Common Stock	X			10-24-96	X									
	Meyer M. Cardin Trust - See NOTE 3														

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Name BENJAMIN L. CARDIN

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	See NOTE 4 for Liabilities of Venture B.G. Partnership											
	See NOTE 6 for Liabilities of Benjamin L. Cardin Trust (Settlor) including Green Properties Partnership											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED SHEET

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
1-2-87 (Retired)	Filer and the State of Maryland	As a "retiree" from State service, I receive pension benefits (reported Part I) and the right to participate in health insurance with employer subsidizing some of the cost.

(Rev. 7/1/87 A Version)

Use additional sheets if more space is required.

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
PART VIII POSITIONS

POSITION	NAME OF ORGANIZATION
Trustee	St Mary's College, St Mary's Maryland
Board Member	Menorah Lodge #771, B'nai B'rith, Balto., Md
Board of Visitors	University of Maryland Law School, Balto., Md
Board of Advisors	Closeup Foundation; Virginia
Technical Review Committee	Maryland Psychiatric Research Center, Balto., Md
Board of Advisors	Balto. Zionist District, Balto., Md
Member	President's Advisory Board, University of Maryland Balto. Co., Catonsville, Md
Co-Chair, Advisory Board	Maryland Education Coalition, Balto., Md.
Advisory Committee	Lawyer's Campaign Against Hunger, Balto., Md
Partner	Partnerships listed in PARTS II & III (Venture BG, Green Properties and Warwick Associates)
Member	Chancellor's Advisory Council, University of Maryland System; College Park, Md
Member	Md. DEED Day Care Financing Program Advisory Board, Balto., Md.
Community Relation Cabinet	Jewish Federation of Howard Co., Colombia, Md
Board Member	Community Assistance Network; Dundalk, Md.

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
NOTES

[1] In addition to dividend income, received stock in Primex Technologies, Inc. worth less than $1000

[2] In addition to dividend income, received stock in NCR Corp. worth less than $1000 and stock in Lucent Technologies, Inc. listed herein under Asset and Transaction.

[3] A trust established by filer's father for the benefit of filer and spouse during their lifetime with remainderman interest to filer's children. The Trust held the following reportable Assets and had the following reportable Transactions in 1996: (1) U.S. Treasury Note, Value of Asset Category "E" $100,001 - $250,000; Income - interest, Category "iii" $1,001 - $2,500; Transaction: P - Purchase, 8/7/96, Category "E" $100,001 - $250,000; (2) Federal Home Loan Notes, Value of Asset Category "F" $250,001 - $500,000; Income - interest, Category "v" $5,001 - $15,000; Transaction: P Purchases August through October, 1996, Category "F" $250,001 - $500,000; Transaction: S Return of Principal, monthly, Category "B" $1,001 - $15,000; (3) Fannie Mae Notes, Value of Asset Category "D" $50,001 - $100,000; Income - interest, Category "ii" $201 - $1,000; Transaction: P Purchases, 8/20/96 & 9/19/96, Category "D" $50,001 - $100,000; (4) FNG 95 Note, Value of Asset Category "C" $15,001 - $50,000; Income - interest, Category "ii" $201 - $1,000; Transaction: P Purchase, 9/19/96, Category "C" $15,001 - $50,000; and (5) Promissory Note, B. Green & Co., Inc., Owings Mills, Md - NO LONGER OWNED, Value of Asset Category "A" None - $1,000; Income - interest, Category "vi" $15,001 - $50,000; Transaction: S Sold, August, 1996, Category "G" $500,001 - $1,000,000.

[4] Venture BG is a partnership that holds the land at 3601 Washington Blvd., Balto., Md. The property is leased to B. Green & Co., Inc./ Nash Finch. The filer owns a 2% interest. The evaluation is based on book value, i.e. a negative partner's capital account. Income reflected on Part III represents "income" J(c) line on K1 form (12 month reporting period ending 6/29/96) and "distributions" represents actual cash distributions received in 1996 rather than amount from line J(d) of K1 (since K1 is for the 12 month period ending 6/29/96). The Asset: of the partnership is as follows: 3601 Washington Blvd., Balto., Md., Value of Asset Category "I" $5,000,001 - $25,000,000; Income - rent Category "ix" $1,000,001 - $5,000,000. The Liability: of the partnership is as follows: Mellon Mortgage Co. (transferee from Merrill, Lynch and Provident National Indemnity) Pittsburgh, Pa., mortgage on 3601 Washington Blvd., Balto., Md., Amount of Liability Category "I" $5,000,001 - $25, 000,000.

[5] Includes IRAs for filer and spouse

[6] A trust established by filer on June 29, 1990, for the benefit of spouse during her lifetime with remainderman interest to filer's children. The trust holds a one-sixth interest in a partnership known as Green Properties. That partnership owns property located at 1300 S. Monroe St., Balto., Md. and 2330 N Warwick Ave., Balto., Md. (through a partnership known as Warwick Associates). Both properties are leased to B. Green & Co., Inc. In addition the trust purchased life insurance in March, 1991. The Assets of the trust and partnerships are as follows: A one-sixth partnership interest in Green Properties Partnership whose assets include: (1) 1300 S. Monroe St., Balto., Md., Value of Asset Category "H" $1,000,001 - $5,000,000, Income - rent Category "viii" $100,001 - $1,000,000 and (2) Warwick Associates partnership whose assets include 2330 N. Warwick Ave, Balto., Md. (including equipment), Value of Asset Category "G" $500,001 - $1,000,000, Income - rent Category "vii" $50,001 - $100,000. The Liabilities of Green Properties Partnership include: (1) Provident Bank of Maryland, mortgage on 1300 S. Monroe St., Balto., Md., Amount of Liability Category "H" $1,000,001 - $5,000,000 and (2) Bank of Balto., Towson, Md (liability of Warwick Associates partnership), mortgage on 2330 N. Warwick Ave., Balto., Md., Amount of Liability Category "F" $250,001 - $500,000.

[7] Evaluation based on an informal option given on 8/17/95 to B. Green & Co., Inc to purchase trust interest in Green Properties Partnership.

[8] Purchases made automatically through dividend and/or distribution reinvestment program with company.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

'97 MAY 15 AM 9:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Julia Mae Carson
(Full Name)

2530 North Park Avenue, Indianapolis, Indiana 46205-4261
(Mailing Address)

202/225-4011
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: IN Distrct: 10	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Julia Mae Carson

DATE (Month/Day/Year): 5/14/97

Name	Page 2 of 2
Hon. Julia M. Carson	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
Examples: State of Maryland	Legislative Pension	$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Examples: Ontario County Board of Education	Spouse Salary	NA
Center Township Trustee of Marion County	Trustee Salary	$63,000
Cummins Engine Company Inc.	Employee Pension	$1,260
State of Indiana	Public Employee Pension	$1,240

For payments to charity in lieu of honoraria, use Schedule II.

(11)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 14 AM 10: 37

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

STEVEN J CHABOT
(Full Name)

3014 HARRISON AVE
(Mailing Address)

(513) 662-8000
Daytime Telephone

CINCINNATI OHIO 45211

Filer Status	[X] Member of the U.S. House of Representatives	State: OHIO District: FIRST	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] DATE (Month/Day/Year) 5/8/97

Name	Page 2 of 11
STEVEN J CHABOT	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PRIVATE LAW PRACTICE (CLOSED PRACTICE 12/31/94, FEES LISTED ARE FOR LEGAL WORK PRIOR TO 12/31/94)		5,506.66

For payments to charity in lieu of honoraria, use Schedule II.

Name: STEVEN J CHABOT | Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name STEVEN J CHABOT

Page 4 of 11

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X						X								
	EVERGREEN MUTUAL FUND	X											X							X									
	INVESCO MUTUAL FUND	X											X			X				X									
	CGM MUTUAL FUND	X											X			X					X								
	GRADISON MONEY MARKET			X									X								X								
	FOUNDERS BLUE CHIP FUND	X											X			X				X									
	IVY INTERNATIONAL FUND	X											X			X			X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	GIT MUTUAL FUND	X											X			X					X								
	NEUBERGER + BERMAN GUARDIAN FUND		X										X			X				X									
	JANUS MUTUAL FUND		X										X			X				X									
	SAFECO INCOME MUTUAL FUND		X										X			X				X									
	SALOMON BROS. OPPORTUNITY FUND		X										X			X				X									
	SCUDDER SHORT TERM BOND FUND		X										X							X									
	SELECTED AMERICAN SHARES FUND		X										X			X				X									
	STEINROE SPECIAL MUTUAL FUND		X										X			X				X									
	T. ROWE PRICE MUTUAL FUND		X										X			X				X									
	VANGUARD WELLINGTON FUND		X										X			X				X									
	20th CENTURY MUTUAL FUND		X										X			X			X										
	LEGG MASON MUTUAL FUND		X										X			X				X									
	IAI MUTUAL FUND		X										X			X					X								
	LOOMIS SAYLES BOND FUND		X										X			X				X									
	MONTGOMERY EMERGING FUND		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	NICHOLAS II MUTUAL FUND		X										X			X				X								
	PENNSYLVANIA (ROYCE) FUND		X										X			X					X							
	WARBURG PINCUS INT. FUND		X										X			X			X									
	CHARLES SCHWAB + CO.	X											X							X								
	BERGER 100 MUTUAL FUND IRA		X										X							X								
	GATEWAY INDEX PLUS FUND IRA		X										X							X								
	KAUFMAN MUTUAL FUND IRA		X										X							X								
	COLUMBIA SPECIAL FUND IRA		X										X							X								
	OHIO PUBLIC EMPLOYEES DEFERRED COMP.				X								X								X							
	OHIO PERS			X									X								X							
	STAR BANK CHECKING ACCT.		X												X				X									
	PNC BANK ACCTS.			X											X					X								
	CHEVIOT B+L. CD'S.			X											X						X							
	5/3 BANK CD		X												X					X								
	WESTWOOD HOMESTEAD CD			X											X						X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

Page 7 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	APPLEBEE'S COMMON STOCK			X									X						X										
	CINTAS " "		X										X						X										
	COCA COLA " "		X										X						X										
	CRACKER BARREL " "		X										X						X										
	INTERSTATE BAKERIES " "		X										X						X										
	PEPSICO " "		X										X						X										
	VIACOM " "		X										X						X										
	DISNEY " "		X										X						X										
	WENDY'S " "		X										X						X										
	SARA LEE " "		X										X						X										

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SCHEDULE IV — TRANSACTIONS

Name STEVEN J CHABOT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	FIDELITY ENVIRONMENTAL SERVICES FUND		X		11/13/96	X									
	GIT FUND		X		11/13/96	X									
	SCUDDER SHORT TERM BOND FUND		X		11/13/96	X									
	SCUDDER INTERNATIONAL FUND		X		11/13/96	X									
	US INCOME FUND		X		11/13/96	X									
	AMERICAN HERITAGE FUND		X		11/29/96	X									

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Name STEVEN J CHABOT | Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

This page may be copied if more space is required.

Name STEVEN J CHABOT	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SOLE PRACTITIONER (RETIRED)	STEVEN J CHABOT ATTORNEY AT LAW (CLOSED LAW PRACTICE 12/31/94, RECEIVED FEES FROM CASES HANDLED BEFORE 12/31/94)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
DEC. 85-94 PAID INTO	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)	UPON RETIREMENT
MAY 90-DEC PAID INTO '94	OHIO PUBLIC EMPLOYEES DEFERRED COMP	AT AGE 55
	Pursuant to the agreement described in the financial disclosure statement filed in May of 1995, claim to receive compensation for legal work done prior to 12/31/94, most of which has now been received.	

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 13 PM 1:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Saxby Chambliss
(Full Name)

1019 Longworth
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/ 225-6531

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District: 08	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, eppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Saxby Chambliss

DATE (Month/Day/Year): 13 May 1997

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Colquitt County Board of Education (spouse salary)	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Saxby Chambliss | Page 3 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT — Examples: SP — Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP — 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
SP — 1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Southwest Fin. Corp. (formerly Monticello Nat'l)	$15,001 - $50,000	Dividends	$201 - $1,000	
Kendallwood Crossing (Real Estate)	$1,001 - $15,000	Capital Gains	$201 - $1,000	
APEECC Corp. Stock (owner of Moultrie Inn)	$1,001 - $15,000	none	None - $200	

Name Saxby Chambliss | Page 4 of 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Excludes: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	American Banking Co., GA	unsecured consumer loan	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Cotton Ginner's Association	2/9-2/11	Albany, GA -- New Orleans -- Albany, GA	Y	Y	Y	none
Flue-Cured Tobacco Coop. Stabilization Corp.	5/31	Atlanta, GA -- Raleigh, NC -- Wash. DC	N	Y	N	none
Georgia Forestry Assoc.	6/23 - 6/24	Moultrie, GA -- Jekyll Is., GA -- Moultrie, GA (drove personal car)	Y	Y	N	

Name Saxby Chambliss | Page 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director/officer	APEEC Corporation

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

(3)

97 MAY 15 PM 5:05

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

HELEN P. CHENOWETH
(Full Name)

1719 LONGWORTH HOB
(Mailing Address)

(202) 225-6611
Daytime Telephone

WASHINGTON DC 20515

Filer Status	[X] Member of the U.S House of Representatives	State: IDAHO District: 1	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Helen P. Chenoweth

DATE (Month/Day/Year): 5-14-97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name HELEN P. CHENOWETH

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X						X								
	Consulting Assoc., Inc. Common Stock	X											X	Liquidating Distribution															
	Land, Route 1 Orofino, ID				X																								
	Note Receivable Chenoweth for Congress				X																								
	Congressional Federal Credit Union	X													X				X										

For additional assets and unearned income, use next page.

Name HELEN P. CHENOWETH

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	U.S. BANK OF IDAHO	NOTE GUARANTOR		X	Paid	Off	In	November				
	VIRGINIA DINNISON, OROFINO, IO	MTG. ON LAND ROUTE #1 OROFINO	X									
	JOSEPH KRYGOSKI, MENOMINEE, MI	dated 12/23/94 PERSONAL PROMISSORY NOTE		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name HELEN P. CHENOWETH | Page 4 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	HAYDEN AIR	2/04/96	BOISE - CDA - BOISE	N	Y	N	N
	POTLATCH CORPORATION	3/30/96	LEWISTON & SURROUNDING	N	N	N	N
	INTERMOUNTAIN FOREST INDUSTRY ASSOCIATION	4/11/96	SPOKANE - LEWISTON	N	N	N	N
	IDAHO RETAILERS ASSOCIATION	9/14-15/96	BOISE - SUN VALLEY - BOISE	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SECRETARY - TREASURER	CONSULTING ASSOCIATION, INC. (Dissolved During 1996)
BOARD OF DIRECTOR (UNPA)	CENTER FOR THE STUDY OF MARKET ALTERNATIVES

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 PM 3:25
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(5)

HAND DELIVERED

MC
(Office Use Only)

JON L. CHRISTENSEN
(Full Name)

P. O. BOX 540621, OMAHA, NE 68154
(Mailing Address)

402/397-9944
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: Nebraska District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jon L Christensen

DATE (Month/Day/Year): 5/13/97

Name JON L. CHRISTENSEN | Page 1 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Massachusetts Mutual Life Insurance Company	Commission	$361

For payments to charity in lieu of honoraria, use Schedule II.

Name JON L. CHRISTENSEN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If en asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
	Aquila Group, Inc. - common stock			X									X						X										
	Connecticut Mutual IRA			X									X			X			X										
	Farm, St. Paul, NE					X								X					X										

For additional assets and unearned income, use next page.

Name JON L. CHRISTENSEN | Page 3 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Carloss Morris, Houston, TX	Personal loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name JON L. CHRISTENSEN | Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Ford Foundation / Assn. of Former Members of Congress	Dec. 9-13	Omaha, NE - Cuba - Omaha, NE	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 1:23

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

DONNA MARIE CHRISTIAN-GREEN
(Full Name)

1711 LONGWORTH H.O.B.
(Mailing Address)

WASHINGTON DC 20515
Daytime Telephone (202) 225-1790

HAND DELIVERED
(Office Use Only)

VMC

Filer Status	[X] Member of the U.S. House of Representatives	State: Virgin Islands District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: M. C.

DATE (Month/Day/Year): 5/15/97

Name DONNA M. CHRISTIAN-GREEN | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Virgin Islands Dept of Health	Salary	$40,000.00
	Donna M. Green, MD, PC	Salary	$20,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name: DONNA M. CHRISTIAN-GREEN

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE			

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Name: DONNA M. CHRISTIAN-GREEN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset (A–K)	Block C: Type of Income	Block D: Amount of Income (I–X)	Block E: Transaction
SP, DC, JT	Examples:	SP Mega Corp. Stock	D: $100,001 – $250,000	DIVIDENDS	II: $201 – $1,000	P
		123 Main St., Dover, Del.	G: $500,001 – $1,000,000	RENT		
		1st Bank of Paducah, KY accounts	D: $100,001 – $250,000	INTEREST	IV: $1,001 – $2,500	
	1102 RICHMOND OFFICE BLDG		F: $250,001 – $500,000	N/A		

Columns (Block B):
A: None – $1,000
B: $1,001 – $15,000
C: $15,001 – $50,000
D: $50,001 – $100,000
E: $100,001 – $250,000
F: $250,001 – $500,000
G: $500,001 – $1,000,000
H: $1,000,001 – $5,000,000
I: $5,000,001 – $25,000,000
J: $25,000,001 – $50,000,000
K: Over $50,000,000

Columns (Block C):
DIVIDENDS
RENT
INTEREST
CAPITAL GAINS
EXCEPTED TRUST
QUALIFIED BLIND TRUST

Columns (Block D):
I: None – $200
II: $201 – $1,000
III: $1,001 – $2,500
IV: $2,501 – $5,000
V: $5,001 – $15,000
VI: $15,001 – $50,000
VII: $50,001 – $100,000
VIII: $100,001 – $1,000,000
IX: $1,000,001 – $5,000,000
X: Over $5,000,000

Block E: P, S, E

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: DONNA M. CHRISTIAN-GREEN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name: DONNA M. CHRISTIAN-GREEN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	NONE														

This page may be copied if more space is required.

Name: DONNA M. CHRISTIAN-GREEN

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	V.I. Community Bank	LOAN		X								
	V.I. Government	TAXES		X								
	V.I. Employees Retirement System	LOAN		X								
	V.I. Community Bank	Mortgage for Donna Green MD, PC				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered es House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name: DONNA M. CHRISTIAN-GREEN

SCHEDULE VII —TRAVEL. PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Medical Assn.	July 27-29	V.I. – Chicago – V.I. (food + lodging only 2 days)	Y	Y	N	N

This page may be copied if more space is required.

Name: DONNA M. CHRISTIAN-GREEN

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Orgsnization
TRUSTEE	NATIONAL MEDICAL ASSOCIATION
PRESIDENT	DONNA GREEN, M.D., PC
BOARD OF DIRECTORS	Virgin Islands Medical Institute — P.R.O.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

(14)

RECEIVED

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

POSTMARK ILLEGIBLE

(Office Use Only)

WILLIAM L. CLAY

(Full Name)

2306 Rayburn House Office Building

(Mailing Address)

202-225-2406

Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Missouri District: First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: W L Clay

DATE (Month/Day/Year): 4-17-97

Name WILLIAM L. CLAY | Page 1 of 13

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Amistad-Warner Communications, Inc. New York, N. Y.	Book Royalties	$850.00
	The Borgo Press - San Bernardino, Ca.	Book Royalties	74.00

For payments to charity in lieu of honoraria, use Schedule II.

Name	WILLIAM L. CLAY	Page 2 of 13

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug 13, 1996	$500
N O N E			

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Name WILLIAM L. CLAY

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's end retirement plans that ere *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Oovar, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Certificate of Deposit Congressional Credit Union		X												X					X									
	" "		X												X					X									
	" "		X												X					X									
	" "		X												X					X									
	" "		X												X					X									
	" "		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Certificate of Deposit Congressional Credit Union		X												X					X										P
	" "			X											X						X									
	Savings Account Congressional Credit Union			X											X					X										
	Certificate of Deposit Pulaski Savings & Loan		X												X					X										
	Certificate of Deposit Sandy Spring National Bank			X																										
	A. G. Edwards		X										X							X										
	A. G. Edwards		X										X							X										
	American Express		X										X						X											
	Anheuser Busch		X										X							X										P
	Anheuser Busch		X										X							X										
	Anheuser Busch			X									X							X										
	A T & T		X										X						X											
	Browning-Ferris Industries (BFI		X										X						X											
	Centennial Money Market			X											X					X										
	Cracker Barrel Country Store			X									X						X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Cracker Barrell Country Store		X										X							X									
	Dave & Buster, Inc.	X											X						X										
	Earth Grains	X											X						X										E
	Edison Bros	X											X						X										
	I..C. Whitman		X										X						X										
	Insituform Mid-America		X										X						X										
	Insituform Mid-America		X										X						X										
	Johnson & Johnson	X											X						X										E
	" "		X										X						X										
	" "	X											X						X										
	Jones Medical Inc.		X										X						X										
	" "		X										X						X										
	" "	X											X						X										Split
	" "	X											X						X										Split

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Jones Medical Inc	X											X						X										Split
	Jones Medical Inc	X											X						X										Split
	Jones Medical Inc	X											X						X										Split
	Laclede Gas		X										X						X										
	Laclede Gas		X										X						X										
	Lehman Bros Holdings	X											X						X										
	Lucent Tech	X											X						X										E
	Rally's Hamburger	X											X						X										
	Schwartz Bros	X											X						X										
	Southewestern Bell (SBC)		X										X							X									
	" "		X										X							X									
	" "		X										X						X										
	" "		X										X						X										
	Union Electric		X										X						X										
	Union Electric		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

Page 7 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	UNUM	X											X							X										
	URS		X										X						X											E
	Xerox		X										X						X											
	Xerox (SPLIT)		X										X						X											Split
	Board of Education-St. Louis		X												X					X										
	Baltimore MD Hospital		X												X					X										P
	Insured Municipal Income Trust		X												X					X										
	" "		X												X					X										
	" "		X												X					X										
	Kansas City Missouri Schools		X												X					X										
	Mississippi State Highway		X												X					X										
	Missouri ECon Dev.(Police Board)			X										.	X						X									
	Missouri State Health (Barnes/Jewish)		X												X					X										
	Missouri State Health (Barnes/Jewish)			X											X						X									
	Missouri State Health (Jewish)			X											X						X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Missouri State Health (Heartland)		X												X					X										
	Missouri State Housing Dev. (GNMA Single)		X												X					X										
	Missouri State Health (Bethesda Eye Institute)		X												X					X										
	Missouri Third State Building		X												X					X										
	Missouri Fourth State Building		X												X					X										P
	Missouri State Health (Children's Hospital)		X												X					X										
	N. Y. State Mortgage		X												X					X										
	N. Y. State Mortgage		X												X					X										
	St. Louis Airport (Lambert)		X												X					X										
	St. Louis County General			X											X						X									
	St. Louis Municipal Finance		X												X					X										
	Puerto Rico Highway		X											.	X					X										
	SouthEast Missouri Correctional		X												X					X										
	Takoma Park Hospital		X												X					X										
	VIAD		X										X						X											E

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SCHEDULE IV — TRANSACTIONS

Name WILLIAM L. CLAY

Page 9 of 13

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporetion Common Stock	X			10–12–96		X								
	Certificate of Deposit Sandy Spring National Bank		X		5-20-96		X								
	Certificate of Deposit Cong. Fed. Credit Union	X			9-29-96	X									
	Savings Account Cong. Fed. Credit Union		X		9-29-96		X								
	Anheuser Busch	X			6-8-96	X									
	Earth Grains			X	4-17-96										
	Greiner Engineer Inc. for URS			X	3-29-96	X									
	Johnson & Johnson (Split)			X	6-11-96										
	Jones Med (Split)				6-3-96	X									
	Jones Med (Split)				6-3-96	X									
	Jones Med (Split)				6-3-96	X									
	Jones Med (Split)				6-10-96	X									
	Jones Med (Split)				6-10-96	X									
	SCS Subsidiary, Inc		X		1/29/96	X									
	Lucent Tech			X	12/1/96	X									
	Dial Corporation			X	8/15/96	X									

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SCHEDULE IV — TRANSACTIONS

Name WILLIAM L. CLAY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	URS for Greiner-Engineer			E	3-29-96	X									
	Xerox (Split)				5-23-96	X									
	Baltimore MD Hospital	X			5-10-96	X									
	Missouri State Env. Imp. (PCR)		X		6-4-96	X									
	Missouri Fourth State Building	X			5-20-96	X									
	Takoma Park Hospital	X			5-10-96	X									

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Name WILLIAM L. CLAY

Page 11 of 13

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Prudential Home Mortgage	Mortgage on 14917 Claude Ln.,Silver Spring, MD				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N O N E	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Black Pilots Assoc.	Aug.7-10	Baltimore-Las Vegas	Y	Y	Y Wife	N
N. Y. Marathon	Oct. 31 - Nov. 3	Baltimore-New York	Y	Y	Y Wife	NO

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Name WILLIAM L. CLAY

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	W. E. B. Dubois Foundation
TRUSTEE	Congressional Black Caucus Foundation
TRUSTEE EMERITUS	Tougaloo College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N O N E	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

WILLIAM L. CLAY
1ST DISTRICT, MISSOURI

COMMITTEE ON
ECONOMIC AND EDUCATIONAL
OPPORTUNITIES

RANKING DEMOCRATIC MEMBER

MAILING ADDRESS:
2306 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-2501
TELEPHONE (202) 225-2406

HARRIET PRITCHETT GRIGSBY
ADMINISTRATIVE ASSISTANT

INSIDE MAIL

DISTRICT OFFICES:

5281 DELMAR BOULEVARD
SUITE B
ST. LOUIS, MO 63108
TELEPHONE (314) 367-1970

12755 NEW HALLS FERRY
NEW HALLS FERRY PLAZA
FLORISSANT, MO 63033
TELEPHONE (314) 839-5148

PEARLIE I. EVANS
DISTRICT ASSISTANT

VIRGINIA M. COOK
DISTRICT COORDINATOR

Congress of the United States
House of Representatives
Washington, DC 20515-2501

May 21, 1997

97 MAY 22 PM 4:09
RECEIVED
U.S. HOUSE OF REPRESENTATIVES

1
✓
MC

Congressman James V. Hansen,
Chairman
Congressman Howard L. Berman
Ranking Democratic Member
COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT
Suite HT-2, The Capitol
Washington, D.C. 20515

Dear Colleagues:

This letter is in reference to your letted dated May 13, 1997, inquiring about exchange of VIAD stock. In conversation with Mr. David Laufman, it was suggested I explain in a letter rather than an amemded copy of my disclosure.

VIAD stock was not an exchange for Dial stock but rather a spinoff on August 15, 1996. I still maintain Dial shares which are now 49% of original value. The rest was spent-off to VIAD and shares in the amount of 51% were issued in the company's name.

So, schedule III should reflect my ownership of Dial in the same category as last year. Schedule IV, transaction Dial should be deleted and VIAD in schedule III should be described as spinoff instead of exchange.

Sincerely,

Bill

William L. Clay
Member of Congress

WLC:Em

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
97 MAY 20 AM 9:25
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MAY 14 1997
(Office Use Only)

5

EVA M CLAYTON
(Full Name)

59 RIVER ROAD
(Mailing Address)

LITTLETON NC 27850

Daytime Telephone (202) 225-3101

Filer Status	[X] Member of the U.S. House of Representatives — State: NC District: FIRST	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eva M. Clayton

DATE (Month/Day/Year): 05/13/97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	THEAOSEUS T CLAYTON, P.A.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name EVA M CLAYTON

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X							X								P
			123 Main St., Dover, Del.							X						X											X			
			1st Bank of Paducah, KY accounts					X									X						X							
JT	307 W Franklin St, Warrenton, NC					X									X							X								
	BB&T, Warrenton, NC				X											X					X									
SP	BB&T, Warrenton, NC				X										IRA							X								

For additional assets and unearned income, use next page.

Name EVA M CLAYTON | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	First Citizens Bank, Warrenton, NC	Mortgage on 307 W Franklin Street, Warrenton, NC Property		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute Congressional Program	May 24	Balt., MD - Bermuda	Y	Y	Y	N
		May 28	Bermuda - Balt., MD				
	The Aspen Institute Congressional Program	Nov. 8	Wash., DC - London;				
		Nov. 15	London - Inverness; Edinburgh- London;				
		Nov. 17	London - Wash., DC	Y	Y	Y	N

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(13)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

ROBERT (BOB) N. CLEMENT
(Full Name)

2229 RAYBURN BUILDING
(Mailing Address)

WASHINGTON, DC 20515

Daytime Telephone (202) 225-4311

HANDPRINTED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: TN District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Robert (Bob) N. Clement

DATE (Month/Day/Year): May 15, 1997

Name ROBERT (BOB) N. CLEMENT	Page 2 of 13

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	THE TOBACCO INSTITUTE	SPEECH	SEPT. 24, 1996	$2,000.00

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Name

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X										X					
JT	1st Bank of Paducah, KY accounts					X									X						X								
	DICKSON FINANCIAL CORP STOCK DICKSON, TN			X									X							X									
	25 ACRES FARMLAND WILSON CO. TN				X														X										
	RENTAL PROPERTY 4420 EAST BROOKFIELD, NASHVILLE						X							X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

Page 4 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	RSC INV REAL ESTATE HOLDINGS			X											X					X									
	~~HWY 46, DICKSON, TN, 9%~~ PARTNERSHIP INTEREST															X							X						
														X						X									
	FORREST HILLS DEVELOPMENT, REAL ESTATE HELD FOR INV., HWY 70, DICKSON, TN, 6 2/3% PARTNERSHIP INTEREST		X												X				X										
																X					X								
														X					X										
	MAYBELLE G. CLEMENT INVESTMENTS ~~DICKSON, TN, 1/9 PARTNERSHIP~~ INTEREST		X												X				X										
																X				X									
														X					X										
	FRANKLIN NAT'L BANK STOCK ~~FRANKLIN, TN~~				X														X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	FIRST AMERICAN SAVINGS ACCOUNT NASHVILLE, TN		X												X					X									
	TEACHERS INS & ANNUITY ASSN COLLEGE RETIREMENT FUND:																												
	REGULAR				X										N.A.							N.A.							
	SUPPLEMENTAL				X										N.A.							N.A.							
	STATE OF TN RETIREMENT			X											N.A.							N.A.							
	IRA'S - MERRILL LYNCH:																												
	MORGAN STANLEY	X																	X										
	EATON VANCE PRIME TRUST	X																	X										
	M/L RETIREMENT RESERVE	X																	X										
	WILSON BANK & TRUST			X									X							X									
	COLUMBIA/HCA			X									X						X										
	REPUBLIC AUTO PARTS		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	CHARTER EQUITIES, P.O. BOX 831, MURFREESBORO, TN, REAL ESTATE	X														X							X						S
	SYND BUS., 1/3 PARTNERSHIP INT.																												
	NORMANDY CHATEAU, RESIDENTIAL RENTAL APTS., 1506 HIGHLAND DR.		X											X					X*					X**					
	KNOXVILLE, TN, 6.6% PARTNERSHIP INTEREST														X				X										
	RIDGEVIEW APTS., RESIDENTIAL ~~RENTAL, ROUTE 2 JEFFERSON CITY~~				X									X					X*					X**					
	TN, 25% PARTNERSHIP INTEREST														X						X								
	ROBINSON PROPERTY II, 23 ACRES LOCATED ON PELLISSIPPI PKWY.,				X														X										
	KNOXVILLE, TN, 7% PARTNERSHIP INTEREST																												
	COMMERCIAL RENTAL BLDG., TRANSOUTH, 505 BROAD ST., ELIZABETHTON, TN, 1/2/ INTEREST	X														X							X						S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	IRA'S - MERRILL LYNCH: (CONT.)																												
SP	M/L RETIREMENT RESERVE	X											X						X										
SP	HOME DEPOT		X										X						X										
	CRACKER BARREL		X										X						X										
	GAYLORD ENTERTAINMENT		X										X						X										
	ICC TECHNOLOGIES		X										X						X										
SP	ICC TECHNOLOGIES		X										X						X										
	WAINOCO OIL CORP		X										X						X										
	COMMUNITY FINANCIAL GROUP (FORMERLY BANK OF NASHVILLE)	X											X						X										
SP	AMERICAN FREIGHTWAYS		X										X						X										
	AMERICAN FREIGHTWAYS		X										X						X										
	GREYHOUND LINES INC		X										X						X										
	CALIF MICRO DEVICES CORP		X										X						X										
	GENEVA STEEL CO		X										X						X										
	SOUTHWEST AIRLINES		X										X						X										

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

Page 8 of ~~13~~

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	WRIGHT PATMAN CREDIT UNION,D.C.			X											X					X									
	HEALTH CARE PRODUCTS NASHVILLE, INVESTMENT		X																X										
DC	PRUDENTIAL EQUITY INCOME FUND: CLASS A***		X										X							X									
	PREMIER BANK, BRENTWOOD, TN (Common Stock)		X																X										P
	USLIFE CORP STOCK		X										X						X										INHERITED
	CONDOMINIUM, 672 TIMBER LANE, NASHVILLE,TN/1/2 INTEREST				X														X										INHERITED
S	MEAGER MEANS INVESTMENT CLUB, ARLINGTON, VA/4.76% INTEREST		X										X						X										P

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Name ROBERT (BOB) N. CLEMENT

Page 9 of 13

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	CHARTER EQUITIES		X		1-1-96	X									
	TRANSOUTH		X		7-11-96		X								
	PREMIER BANK, BRENTWOOD	X			12-20-96	X									
SP	MEAGER MEANS INVESTMENT CLUB	X			monthly	X									

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Name ROBERT (BOB) N. CLEMENT | Page 10 of ~~13~~

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	FEDERAL LAND BANK,LOUISVILLE,KY	MORTGAGE ON 25 ACRE FARM WILSON, CO., TN		X (SATISFIED LIABILITY)								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	MARITIME TRADES DEPT.AFLCIO	Feb14-16	WASH.DC-MIAMI-WASH,DC	Y	Y	Y	N
	AMERICAN SHORTLINE RAILROAD	Apr 26-29	WASH.D,C.-PANAMA CITY, FL-WASH.D.C.	Y	Y	Y	N
	ASSOC AMERICAN RAILROADS	Nov 22-26	WASH,D.C.-PHOENIX-NASHVILLE,TN	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	ROBINSON PROPERTY II LTD
PARTNER	NORMANDY CHATEAU
PARTNER	RIDGEVIEW APARTMENTS
PARTNER	RSC INVESTMENTS
PARTNER	FORREST HILLS DEVELOPMENT
PARTNER	MAYBELLE G. CLEMENT INVESTMENTS

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

Name	ROBERT (BOB) N. CLEMENT	Page 13 of 13

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	BOARD OF TRUST, CUMBERLAND UNIVERSITY
BOARD MEMBER	WASHINGTON SYMPHONY ORCHESTRA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 36-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY -8 AM 10: 59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HC HAND DELIVERED (7)
(Office Use Only)

James E. Clyburn
(Full Name)

1703 Gervais Street
(Mailing Address)

Columbia SC 29201

Daytime Telephone: 803-799-1100

Filer Status	[X] Member of the U.S. House of Representatives	State: SC District: 06	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependant child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependant child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: James E. Clyburn

DATE (Month/Day/Year): May 8, 1997

Name James E. Clyburn	Page ___ of __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	South Carolina Retirement System (This income is not subject to the outside earned income limit.)	Retirement from the State of South Carolina	$50,100
	U.S. Department of Veterans Affairs	Retirement Income	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name James E. Clyburn | Page ___ of ___

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Mount Zion Baptist Church	Speech	2/11/96	$ 150
Mt. Calvary Baptist Church	Speech	2/18/96	$ 100
Annivesta Baptist Church	Speech	3/ 1/96	$ 100
SC Leadership Conference of Zeta Phi Beta	Speech	8/23/96	$ 100
Sea Island NAACP	Speech	9/ 7/96	$ 300
Bethel AME Church	Speech	10/24/96	$ 500
			$
			$
			$
			$
			$
			$

Name James E. Clyburn | Page ____ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling. any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fort Jackson Federal Credit Union	$1 - $1,000	Interest	$1 - $200	
	S.C. State Credit Union	$1 - $1,000	Interest	$1 - $200	
	Nations Bank	$1,001 - $15,000	Interest	$1 - $200	
	SCANA Corporation	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Automated Data Processing, Inc.	$1,001 - $15,000	Dividends	$1 - $200	
SP	Nations Bank	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	417 & 419 Juniper Street, Columbia, SC	$15,001 - $50,000	Rent	$2,501 - $5,000	
	9 Dunbar Street, Myrtle Beach, SC	$15,001 - $50,000	Rent	$1,001 - $2,500	
	645-47 W. Liberty Street, Sumter, SC (50%	$50,001 - $100,000	Rent	$2,501 - $5,000	

Name James E. Clyburn | Page ____ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	ownership)				
	Nations Bank, Columbia, SC (IRA)	$15,001 - $50,000			
	Marrill Lynch, Columbia, SC (IRA)	$15,001 - $50,000			

Name James E. Clyburn	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Temple-Inland	Mortgage on 417 Juniper Street, Columbia, SC	$15,001 - $50,000
	Countrywide Funding, Van Nuys, CA	Mortgage on 9 Dunbar Street, Myrtle Beach, SC and 609 Santee Drive, Santee, SC	$100,001 - $250,000
	NBSC Columbia, SC	Mortgage on 645-47 W. Liberty Street, Sumter, SC (50% interest)	$50,001 - $100,000

Name James E. Clyburn	Page ____ of ___

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calender year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.
Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Publisher Emeritus	Coastal Times, Inc.
Board Member	Wofford College
Board Member	Allen University
Trustee	Brookgreen Gardens

LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

John Howard Coble
(Full Name)

5741-L Bramblegate Road
(Mailing Address)

Greensboro, North Carolina 27409

Daytime Telephone: (202) 225-3065

Filer Status	[X] Member of the U.S. House of Representatives	State: North Carolina District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Howard Coble

DATE (Month/Day/Year): 5-15-97

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
National Grocers Association	Attend DC reception	March 14, 1996	order of groceries for local food bank

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

Page 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

if other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	Food Lion Common Stock		X										X							X									
	Wal Mart Common Stock		X										X						X										S (1)
	Toys R Us Common Stock		X										X						X										
	GTE Common Stock		X										X						X										
	Ryan's Steak House Common Stock		X										X						X										
	Lance, Inc. Common Stock		X										X						X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Howard Coble

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Horizon/CMS Healthcare Common Stock		X										X						X											P
	Aim Constellation Mutual Fund		X										X						X											P
	Davis NY Venture Mutual Fund		X										X						X											P
	1 acre+dwelling, BlowingRock, NC				X																									
	78 acre farm, Henry County, VA					X																								P (2)
	Central Carolina Bank Savings Acct.		X												X				X											
	Central Carolina Bank Checking Acct.		X												X				X											S (3)
	First Union Nat'l. Bank Checking Acct.		X												X				X											
	BBT Savings Bank Savings Acct.				X										X							X								
	Wright Patman Credit Union Savings Acct.				X										X							X								
	First Citizens Bank Savings Acct.			X											X				X											P (4)
	Bank of NC Stock Certificate		X										X						X											
	Jefferson-Pilot Fixed Annuity		X										X						X											
	Jefferson-Pilot Variable Annuity		X										X								X									
	NationsBank Checking Acct.		X												X				X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Howard Coble

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Allmerica (formerly SMA) Insurance Annuity			X									X								X								
	General American Insurance Annuity		X										X							X									
	Western National Insurance Annuity		X										X							X									
	MassMutual Insurance Annuity		X										X							X									P
	Wachovia NC Memorial Hospital Bond		X										X							X									
	State Employees Credit Union Savings			X											X					X									
	Merrill Lynch Cash Management Acct.		X												X				X										
	Merrill Lynch Individual Retirement	Ac	X										X						X										
	(this IRA contains Food Lion Stock with a value of B; RJR Nabisco Stock with a value of B; plus cash with a value of B)																												
	RJR Nabisco Common Stock		X										X							X									

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SCHEDULE IV — TRANSACTIONS

Name John Howard Coble

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	S(1) Wal Mart Common Stock (sold 200 shares ~~kept 200 shares~~)		X		03-01-96	X									
	Lance, Inc. Common Stock	X			03-01-96	X									
	Horizon/CMS Healthcare Common Stock	X			03-01-96	X									
	Aim Constellation Mutual Fund	X			02-09-96	X									
	Davis NY Venture Mutual Fund	X			02-09-96	X									
	P(2) 78 acre farm, Henry County,VA 1/2 int.) (bought other	X			03-15-96		X								
	S(3) Central Carolina Bank Checking (closed acct)		X		05-10-96	X									
	P(4) First Citizens Bank Savings (opened acct)	X			06-02-96	X									
	MassMutual Insurance Annuity	X			07-01-96	X									

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
CSX Corporation	May 25-26	Greensboro, NC-White Sulphur Springs,WV-Greensboro, NC	Y	Y	N	N
American Society of Composers, Authors & Publishers (ASCAP)	June 7	Wash,DC-New York,NY-Wash, DC	N	Y	N	N
Bright Belt Warehouse Assoc.,Inc.	June24-25	Wash,DC-MyrtleBeach,SC-Wash,DC	Y	Y	N	N
American Furniture Manufac.Assoc.	July26-27	Wash,DC-MyrtleBeach,SC-Wash,DC	Y	Y	N	N

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Name John Howard Coble	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Visitors	Guilford College, Greensboro, NC
Member, Board of Associates	Greensboro College, Greensboro, NC
Member, Cong.Advisory Board	Congressional Youth Leadership, Washington, DC
Member, Nat'l. Advisory Board	Jefferson Educational Foundation, Washington, DC
Member, Cong. Bd. of Advisors	Common Sense, Inc., Stafford VA
Honorary Chairman	Jefferson Islands Club, Washington, DC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

COMMITTEES:
TRANSPORTATION AND INFRASTRUCTURE
JUDICIARY
CHAIRMAN
SUBCOMMITTEE ON COURTS AND INTELLECTUAL PROPERTY
PRINTED ON RECYCLED PAPER

INSIDE MAIL

97 MAY 20 AM 8:35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HOWARD COBLE
SIXTH DISTRICT
NORTH CAROLINA
2239 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3306
PHONE: (202) 225-3065
FAX: (202) 225-8611
E-mail: repcoble@mail.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515-3306

May 19, 1997

1

✓

MC

The Honorable Robin H. Carle
Clerk of the House
U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515-6612

Dear Robin:

As I was reviewing my 1996 financial disclosure statement, I realized that I had inadvertently omitted one item which should have appeared under Schedule III and Schedule IV. This letter is to amend my 1996 statement.

On Schedule III of my 1996 financial disclosure statement, I failed to list an Individual Retirement Account (IRA) purchased through First Citizens Bank & Trust. The IRA should have been listed as having a year-end value of "B" with interest income accruing in the amount of "I." It should also have been listed under Schedule IV as a purchase under the transaction column on 06/02/96 with a transaction amount of "B."

Thank you for your assistance with this request. If you have any questions, please do not hesitate to contact me or my administrative assistant Ed McDonald.

Sincerely,

Howard

HOWARD COBLE
Member of Congress

HC:emc

P.O. BOX 814
124 WEST ELM STREET
GRAHAM, NC 27253-0814
PHONE: (910) 229-0159
FAX: (910) 228-7974

P.O. BOX 1813
SUITE A
1404 PIEDMONT DRIVE
LEXINGTON, NC 27293-1813
PHONE: (910) 248-8230
FAX: (910) 248-4275

SUITE 247
324 WEST MARKET STREET
GREENSBORO, NC 27401-2544
PHONE: (910) 333-5005
FAX: (910) 333-5048

SUITE 200-B
155 NORTHPOINT AVENUE
HIGH POINT, NC 27262-7723
PHONE: (910) 886-5106
FAX: (910) 886-8740

SUITE 101
241 SUNSET AVENUE
ASHEBORO, NC 27203-5658
PHONE: (910) 626-3060
FAX: (910) 626-4533

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 5:20

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

(12)

633

Thomas A Coburn
(Full Name)

5409 Rolling Oaks
(Mailing Address)

Muskogee OK 74401

Daytime Telephone: (918) 687-2533

Filer Status	[X] Member of the U.S. House of Representatives	State: OK District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

Name Thomas A Coburn | Page 2 of 12

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Thomas A Coburn, MD, Inc	Salary	4000
	Thomas A Coburn, MD, Inc	S-Corp Loss	-8200
	Muskogee Allergy Clinic Partnership	Partnership Income	12600

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas A Coburn | Page 3 of 12

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment meda by the sponsor of an evant to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
American Society of Anesthesiologists	Speech-ASA Day in Washington	3/28/96	$ 1,000
University of Oklahoma Health Sciences Center	Speach-A Kurt Weiss lectureship	4/07/96	$ 500
International Academy of Compounding Pharmacists	Speech	6/28/96	$ 1,000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Congressional FCU	$1,001 - $15,000	Interest	None - $200	
Barrick Gold Corp	$15,001 - $50,000	Dividends	None - $200	
Amer Gold Eagles 1 oz	$1,001 - $15,000	Dividends	None - $200	
Newmont Gold Co	$1,001 - $15,000	Dividends	None - $200	
Placer Dome	$1,001 - $15,000	Dividends	None - $200	
Alliance New Europe Fund (name change)	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
Colonial Trust High Yld Secs	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
MFS Multimarket Income Trust (name change)	$1,001 - $15,000	Dividends	$201 - $1,000	
Mentor Growth Portfolio (name change)	$15,001 - $50,000	Capital Gains	$2,501 - $5,000	
Putnam Capital Appreciation Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Putnam Tax-Free Hi Yld Tr	$1,001 - $15,000	Dividends	$201 - $1,000	
	Professional Building Partnership	$250,001 - $500,000	Rent	$5,001 - $15,000	
	Plaza Medical Center Partnership	$250,001 - $500,000	Rent	$5,001 - $15,000	
	Muskogee Allergy Clinic Partnership	$1,001 - $15,000	See Schedule I	NA	
	Thomas A Coburn, MD, Inc	$100,001 - $250,000	See Schedule I	NA	
	T&C Construction, Inc	$100,001 - $250,000	S-Corp Loss	NA	
	Ranch Land, Muskogee County, Oklahoma	$250,001 - $500,000	Rent	$2,501 - $5,000	
	Medical Equipment	$15,001 - $50,000	Rent	$5,001 - $15,000	
	IRA-Paine Webber-cash fund	$1,001 - $15,000	Dividends	$201 - $1,000	
	IRA-Edward Jones-cash fund	$1,001 - $15,000	Dividends	$201 - $1,000	E
	IRA-Edward Jones-Wal-Mart Stores, Inc	$1,001 - $15,000	Dividends	None - $200	P
	IRA-Edward Jones-Van Kampen Amer Growth Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	P
	IRA-Edward Jones-Protective Life Annuity	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Profit Sharing Plan-TAC MD Inc-Kemper Horizon 20	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P
	Profit Sharing Plan-TAC MD Inc-Dreman High Ret	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P
	Profit Sharing Plan-TAC MD Inc-Dreman Small Cap Value	$15,001 - $50,000	Capital Gains	$201 - $1,000	P
	Anchor Natl Life Variable Annuity ***				
	***SAM High Yield Bond	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	***AC Growth-Income	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	***AC Alliance Growth	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	***AC Global Equity	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	***WEL Capital App	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	***GS Global Bond	$1,001 - $15,000	Dividends	$201 - $1,000	
	Muskogee Golf, Inc	$100,001 - $250,000	S-Corp Loss	NA	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Eagle Crest Estates, Inc	$50,001 - $100,000	Dividends	None - $200	P
	Note Receivable-Jernigan Farms	$50,001 - $100,000	Interest	$5,001 - $15,000	
SP	AC Nielsen Corp (name change)	$1,001 - $15,000	Dividends	None - $200	E
SP	Amoco Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	AMR Corp	$1,001 - $15,000	Dividends	None - $200	
SP	AT&T Corp	$1,001 - $15,000	Dividends	None - $200	
SP	American Express	None - $1,000	Dividends	None - $200	S
SP	AVNET Inc	$1,001 - $15,000	Dividends	None - $200	
SP	Coastal Corp	$1,001 - $15,000	Dividends	None - $200	
SP	Cognizant Corp (name change)	$1,001 - $15,000	Dividends	None - $200	
SP	Compaq Computer	$1,001 - $15,000	Dividends	None - $200	
SP	Cons Papers Inc	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Dillard Dept Stores	$1,001 - $15,000	Dividends	None - $200	
SP	Dun & Bradstreet Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Emerson Electric	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Federal Natl Mortgage Assoc	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	First Union Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Ford Motor Co	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	General Electric Co	None - $1,000	Dividends	None - $200	S
SP	GTE Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Heinz HJ Co	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	ITT Corp	$1,001 - $15,000	Dividends	None - $200	
SP	ITT Hartford Group	$1,001 - $15,000	Dividends	None - $200	
SP	ITT Industries	$1,001 - $15,000	Dividends	None - $200	
SP	Knight Ridder Inc	$1,001 - $15,000	Dividends	None - $200	
SP	Lehman Bros Holdings, Inc	$1,001 - $15,000	Dividends	None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Lucent Technologies	$1,001 - $15,000	Dividends	None - $200	
SP	Mallinckrodt Inc	$1,001 - $15,000	Dividends	None - $200	
SP	Merck & Co	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Nationsbank Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Oneok Inc	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Pitney Bowes	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Repsol	$1,001 - $15,000	Dividends	None - $200	
SP	Sara Lee Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Stone Container Corp	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	Telefonos De Mexico	$1,001 - $15,000	Dividends	None - $200	
SP	Textron	$1,001 - $15,000	Dividends	None - $200	
SP	Tyco Intl Inc	$15,001 - $50,000	Dividends	None - $200	
SP	United Healthcare Corp	$1,001 - $15,000	Dividends	None - $200	
SP	USX-US Steel Group	$1,001 - $15,000	Dividends	None - $200	
SP	WMX Technologies, Inc	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Grand River Dam Auth 6.8%	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Put Boatmen's Bancshares 1/97 65	$1,001 - $15,000	Capital Gains	None - $200	P
SP	Put S&P 100 Index 1/97 730	$1,001 - $15,000	Capital Gains	None - $200	P
SP	US Treasury Note 5.5%	$1,001 - $15,000	Interest	$201 - $1,000	
SP	US Treasury Note 7.25%	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	Putnam Fund for Growth & Income	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	P
SP	Putnam Health Sciences Trust	$1,001 - $15,000	Capital Gains and Dividends	None - $200	P
SP	Putnam Intl New Opportunities Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	P
SP	Putnam New Opportunities Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	P
SP	Putnam New Value Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	P
SP	Putnam OTC & Emerging Growth Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Putnam Voyager Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P
SP	IRA-Paine Webber-cash fund	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	IRA-Edward Jones-cash fund	$1,001 - $15,000	Dividends	$201 - $1,000	E
SP	IRA-Edward Jones-Wal-Mart Stores, Inc	$1,001 - $15,000	Dividends	None - $200	P
SP	IRA-Edward Jones-Van Kampen Amer Growth Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	P
SP	IRA-Edward Jones-Protective Life Annuity	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	US T-Bill 2/13/97	$15,001 - $50,000	Interest	None - $200	P
	Put USX-US Steel 4/97 30	$1,001 - $15,000	Capital Gains	None - $200	P
	Put PPG Industries 5/97 60	$1,001 - $15,000	Capital Gains	None - $200	P
DC	O W Coburn Grandchildren's Trust	$50,001 - $100,000	Capital Gains, Dividends, Int	$2,501 - $5,000	
DC	Thomas A Coburn Trust for Sarah J Coburn	$100,001 - $250,000	Capital Gains, Dividends, Rent	$5,001 - $15,000	
JT	Boatmen's national Bank of Oklahoma, account	$15,001 - $50,000	Interest	$201 - $1,000	
JT	Bank of Oklahoma, account	$1,001 - $15,000	Interest	None - $200	
JT	Paine Webber, Inc, cash funds	$15,001 - $50,000	Dividends	$201 - $1,000	
JT	Oil & Gas Royalty	$1,001 - $15,000	Royalty	$201 - $1,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	IRA-Edward Jones-Wal-Mart Stores, Inc	Purchase	1/22/96	$1,001 - $15,000
	IRA-Edward Jones-Van Kampen Amer Growth Fund	Purchase	6/04/96	$1,001 - $15,000
	IRA-Edward Jones-Protective Life Annuity	Purchase	1/24/96	$1,001 - $15,000
	Profit Sharing Plan-TAC, MD, Inc-Kemper Horizon 20	Purchase	4/30/96	$15,001 - $50,000
	Profit Sharing Plan-TAC, MD, Inc-Dreman High Ret	Purchase	4/30/96	$15,001 - $50,000
	Profit Sharing Plan-TAC, MD, Inc-Dreman Small Cap Value	Purchase	4/30/96	$15,001 - $50,000
	Muskogee Golf, Inc	Purchase	7/01/96	$100,001 - $250,000
	Eagle Crest Estates, Inc	Purchase	7/01/96	$50,001 - $100,000
	US T-Bill 2/13/97	Purchase	11/07/96	$15,001 - $50,000
	Put USX-US Steel 4/97 30	Purchase	12/03/96	$1,001 - $15,000
	Put PPG Industries 5/97 60	Purchase	12/03/96	$1,001 - $15,000
SP	Acme Cleveland Corp	Exchange	7/09/96	$1,001 - $15,000
SP	American Express Co	Sold	4/19/96	$1,001 - $15,000
SP	Cons Papers Inc	Purchase	2/13/96	$15,001 - $50,000
SP	General Electric Co	Sold	3/15/96	$1,001 - $15,000
SP	Oneok Inc	Purchase	2/13/96	$15,001 - $50,000
SP	Stone Container Corp	Purchase	2/13/96	$1,001 - $15,000
SP	Put Boatmen's Bancshares 1/97 65	Purchase	11/26/96	$1,001 - $15,000
SP	Put S&P Index 1/97 730	Purchase	12/02/96	$1,001 - $15,000
SP	Putnam Fund for Growth & Income	Purchase	5/31/96	$15,001 - $50,000
SP	Putnam Health Sciences Trust	Purchase	5/31/96	$1,001 - $15,000
SP	Putnam Intl New Opportunities Fund	Purchase	5/31/96	$1,001 - $15,000
SP	Putnam New Opportunities Fund	Purchase	5/31/96	$1,001 - $15,000

Name Thomas A Cobum | Page 10 of 12

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependant child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Putnam New Value Fund	Purchase	5/31/96	$1,001 - $15,000
SP	Putnam OTC & Emerging Growth Fund	Purchase	5/31/96	$1,001 - $15,000
SP	Putnam Voyager Fund	Purchase	5/31/96	$1,001 - $15,000
SP	IRA-Edward Jones-Wal-Mart Stores, Inc	Purchase	1/22/96	$1,001 - $15,000
SP	IRA-Edward Jones-Van Kampen Amer Growth Fund	Purchase	6/04/96	$1,001 - $15,000
SP	IRA-Edward Jones-Protective Life Annuity	Purchase	1/24/96	$1,001 - $15,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.
Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President	Thomas A Coburn, MD, Inc
President	T&C Construction, Inc
General Partner	Professional Building Partnership
General Partner	Plaza Medical Center Partnership
General Partner	Muskogee Allergy Clinic Partnership
Manager	Maternal & Family Practice Associates, LLC

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
11/09/94	Thomas A Coburn and associate physicians	The Congressman may continue to practice on a
	Dr. Michael R Butner, Evan D Cole and	very limited basis while at home from Washington
	Timothy W Holder	in order to preserve his practice. His associates
		will care for the majority of his patients.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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(9)

Michael Allen (Mac) Collins
(Full Name)

80 Riverside Court
(Mailing Address)

Hampton, Georgia 30228

Daytime Telephone: 202-225-5901

Filer Status				
	[X] Member of the U.S. House of Representatives	State: GA District: Third	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Mac Collins

DATE (Month/Day/Year): May 15, 1997

Name Michael A. (Mac) Collins	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Collins Trucking Company, Inc. (Family owned business)	Advisor	20,000
	Collins Trucking Company, Inc.	Spouse salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1996	$500
Twenty-First Century Speakers, Inc., N.Y.	Speech	Mar.9, 1996	2,000
Coalition Against Regressive Taxation, Wash.D.C	Speech	Dec.5, 1996	2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael A. (Mac) Collins

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "IRA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples	SP	Mega Corp. Stock	123 Main St., Dover, Del	1st Bank of Paducah, KY accounts	P
			X			
				X		
					X	

Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
Comp. Federal Credit Union	X (B: $1,001 – $15,000)	INTEREST: X	X (I: None – $200)	
Western Reserve (IRA)	N/A (E: $50,001 – $100,000)	N/A	N/A (VI: $5,001 – $15,000)	
Collins Trucking Co., Inc. (Sub-S)	X (G: $500,001 – $1,000,000)	X	X (IX: $100,001 – $1,000,000)	
McIntosh State Bank	X (B: $1,001 – $15,000)	INTEREST: X	X (II: $201 – $1,000)	
James A. Freeman (Note)	X (B: $1,001 – $15,000)	INTEREST: X	X (III: $1,001 – $2,500)	
Putnam Fund (Mutual Fund)	X (B: $1,001 – $15,000)	X (DIVIDENDS)	X (II: $201 – $1,000)	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael A. (Mac) Collins

SP, JT, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	Jackson Investment Club		X										X							X									P

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SCHEDULE IV — TRANSACTIONS

Name Michael A. (Mac) Collins

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Jackson Investment Club	X			01-01-96	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	McIntosh State Bank, Jackson, GA	Demand Note			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Michael A. (Mac) Collins | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Am. Law Institute/Am. Bar Asso.	Feb.15-17	travel not provided	Y	N	Y	1day
	Phil Gramm for President	Jan.18-20	Atl.-DesMoines-Atlanta	Y	N	N	N
	Phil Gramm for President	Feb. 2	Atl.-Shrieveport-Atl.	N	N	N	N

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Name Michael A.(Mac) Collins	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Georgia Forestry Association
Advisor	Collins Trucking Company, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO. 1997 38–554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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LARRY ED COMBEST
(Full Name)

1026 LONGWORTH H.O.B.
(Mailing Address)

202-225-4005
Daytime Telephone

WASHINGTON D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: TEXAS District: 19	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Larry Combest

DATE (Month/Day/Year): 5-13-97

Name LARRY ED COMBEST | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	THE LEWIS LAW FIRM - WASHINGTON D.C.	SPOUSE SALARY	NA
	SHANDWICK INTERNATIONAL - WASHINGTON D.C.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Oover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	FEDERATED AMERICAN LEADERS A MUTUAL FUND		X													X			X										
JT	NATIONS FUND - NATIONS BANK INVESTMENT FUND. WASHINGTON DC			X											X				X										
JT	MONEY MARKET ACCOUNT - WRIGHT PATTMAN FEDERAL CREDIT UNION - LONGWORTH HOB - WASH. D.C.		X												X				X										
SP	FEDERATED AMERICAN LEADERS A MUTUAL FUND - IRA - ROLLOVER		X													X			X										P- ROLL-OVER
SP	ROLLOVER - IRA AIM VALUE FUND - MUTUAL FUND		X													X			X										P- ROLL-OVER

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name LARRY ED COMBEST

Page 4 of 4

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
JT	FEDERATED AMERICAN LEADERS A MUTUAL FUND	X			6 TIMES THROUGHOUT THE YEAR	X									
JT	NATIONS FUND - INVESTMENT FUND NATIONS BANK - WASHINGTON D.C.	X			6 TIMES THROUGHOUT THE YEAR	X									
SP	FEDERATED AMERICAN LEADERS A MUTUAL FUND - ROLLOVER			X											
SP	AIM FUND - MUTUAL FUND - ROLLOVER			X											

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Gary A. Condit
(Full Name)

920 16th Street, Suite C
(Mailing Address)

(209) 527-1914
Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S House of Representatives	State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

Name Gary A. Condit

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Onterio County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	Association of American Medical Colleges	Speech	June 19, 1996	$2,000
	(contributed to Riverbank Swimming Pool Fund)			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Gary A. Condit

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X										X					
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Condominium					X							X										X						
	2611 Adams Mill Rd., #401																												
	Washington, D.C. 20009																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gary A. Condit

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Gary A. Condit

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								

This page may be copied if more space is required.

Name Gary A. Condit

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Fleet Mortgage, Milwaukee, WI	Mortgage on 2611 Adams Mill Rd., #401, Wash.DC			X							
JT	Wells Fargo Bank	Credit Line			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

This page may be copied if more space is required.

Name	Gary A. Condit	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 4:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Rep. John Conyers Jr.
(Full Name)

2426 Rayburn H.O.B.
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-5126

Filer Status	[X] Member of the U.S. House of Representatives	State: Michigan District: 14th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: John Conyers Jr.

DATE (Month/Day/Year): May 15th, 1997 May 15, 1997

667

Name	REP. JOHN CONYERS JR.	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
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	Ontario County Board of Education	Spouse Salary	NA
	DETROIT BOARD OF EDUCATION	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

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For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	CONGRESSIONAL CREDIT UNION	X													X														
	CONGRESSIONAL CREDIT UNION (IRA)		X																			--NA--							

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NBD (DETROIT)	MORTGAGE ON 2727 W SEVEN MILE			X							
		RD, DETROIT										
	CONGRESSIONAL CREDIT UNION	PERSONAL LOAN	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
INTERNATIONAL JAZZ HALL OF FAME	JUNE 14-15	DETROIT-TAMPA-DETROIT	Y	Y	N	N
NATIONAL COUNCIL OF CHURCHES	JULY 12-16	DETROIT - NY - DC	Y	Y	N	N
AFRICAN-AMERICAN COUNCIL OF CHRISTIAN CLERGY OF SOUTH FA	JULY 26-27	DC - MIAMI - DETROIT	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 14 PM 4:35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

MC
(Office Use Only)

Merrill Alonzo Cook
(Full Name)

631 16th Avenue
(Mailing Address)

Salt Lake City UT 84103
Daytime Telephone: 202-225-3011

Filer Status	[X] Member of the U.S. House of Representatives	State: UT District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Merrill Alonzo Cook

DATE (Month/Day/Year): May 14, 1997

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cook Associates, Inc.	Taxable Benefit	$709 91
	Cook Associates, Inc.	Spouse Professional Service Fee	$2,000.00
	Kall 910 Radio/Regent Communications January 1 - March 9, 1996	Talk Show Host Salary	$9,231 24

For payments to charity in lieu of honoraria, use Schedule II.

Name Memli Alonzo Cook | Page 3 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Cook Associates, Inc. Common Stock	$1,000,001 - $5,000,000	Share of Corporate Earnings	$50,001 - $100,000	
	Zions/Pershing Federal Home Loan Bank Bond	$500,001 - $1,000,000	Interest	$15,001 - $50,000	P
	Zions/Pershing Federal Home Loan Bank Bond	None - $1,000	Interest	$15,001 - $50,000	S
	Zions/Pershing Federal Home Loan Bank Bond	None - $1,000	Interest	$201 - $1,000	P, S
	Zions/Pershing U.S. Treasury Bill	None - $1,000	Interest	$2,501 - $5,000	S
	Zions/Pershing I.R.A.	$100,001 - $250,000	Interest	$5,001 - $15,000	
SP	Zions/Pershing I.R A	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Zions Money Market Checking Account	$1,001 - $15,000	Interest	$1,001 - $2,500	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Zions/Pershing Federal Home Loan Bank Bond	Sold	1/10/96	$500,001 - $1,000,000
	Zions/Pershing Federal Home Loan Bank Bond	Purchase	1/11/96	$500,001 - $1,000,000
	Zions/Pershing Federal Home Loan Bank Bond	Purchase	3/8/96	$250,001 - $500,000
	Zions/Pershing Federal Home Loan Bank Bond	Sold	3/19/96	$250,001 - $500,000
	Zions/Pershing U.S. Treasury Bill	Sold	1/11/96	$50,001 - $100,000

Name Merrill Alonzo Cook | Page 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Zions/Pershing	Margin Account Against Federal Home Loan Bank Bonds	$500,001 - $1,000,000

Name Merrill Alonzo Cook

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Owner, Consultant	Cook Associates, Inc.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
1/2/97	Cook Associates, Inc and Merrill Cook	Consulting Agreement not to exceed $20,040/year

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 AM 9:34

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

John Charles Cooksey
(Full Name)

1310 North 19th Street
Monroe, LA 71201
(Mailing Address)

Ron W. Stewart, CPA
(318) 388-3108
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: LA District: 5th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Charles Cooksey

DATE (Month/Day/Year): May 12, 1997

Name	John Charles Cooksey	Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	John Cooksey, M.D. & Priscilla Perry, M.D. A Medical Corporation, Monroe, LA	Salary	$ 287,511.39
	Hibernia Corporation, New Orleans, LA	Deferred Director's Fee	2,242.00 *

* These amounts were earned, but not received during the reporting period. Said amounts were deferred. See Schedule V-Agreements.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
Not Applicable	N/A	N/A	N/A

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Charles Cooksey

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Hibernia Bank, Monroe, LA Accounts					X													X										
	Caldwell Holding Company Stock		X										X							X									
	First Commerce Corporation				X								X									X							
	JBI Financial Corporation Stock		X										X						X										
	Hibernia Corporation Class A Stock		X										X						X										
	J. Cooksey, M.D. & Priscilla Perry, M.D. A Medical Corp., Common Stock								X				X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Charles Cooksey

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	1310 N. 19th Street, Monroe, LA Medical Office Building & Equipment							X						X										X(Net)	X(Gross)				
	304 Acre Farm, Caldwell Parish, LA Including Timber, Improvements, Equip. & Livestock						X						Farm Income						X (Net)				X (Gross)						
	Caldwell Broadcasting Ltd., Ptrs.				X								Partnership Income						X										
	Hallwood Energy Partners, L. P.		X										Partnership Income						X										
	Central Bank Custodian (IRA)			X									X		X	X						N/A – IRA							
SP	Central Bank Custodian (IRA)			X									X		X	X						N/A – IRA							
	Central Bank Trust Dept. Trustee																												
	For John Cooksey & Priscilla Perry,																												
	M.D., (A Medical Corporation) 401(K)																												
	Profit Sharing Plan & Trust								X				X		X	X						N/A – Retirement							Acct.
	Working interest in four oil wells,																												
	Franklin Parish, LA		X										Working Interest						X (Net)	X (Gross)									

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SCHEDULE IV — TRANSACTIONS

Name John Charles Cooksey

Page 6 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
	Not Applicable		N/A		N/A				N/A						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hibernia National Bank, New Orleans, LA	Mortgage on Caldwell Parish Farm		X (Paid off in August 1996)								
	Hibernia National Bank, New Orleans, LA	Line of Credit				X						
	Central Bank, Monroe, LA	Line of Credit				X						
	Earl B Williams, Monroe, LA	Mortgage on N. 19th Real										
		Estate, Monroe, LA		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Not Applicable	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hibernia National Bank, New Orleans, LA	Secured by stock from First Commerce Corporation			X							
	Caldwell Bank & Trust, Columbia, LA	Unsecured		X								
	Caldwell Bank & Trust, Columbia, LA	Unsecured		X								
	J. Cooksey, M.D. & Priscilla Perry, M.D. A Medical Corporation	Unsecured				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Pletter (waiver received from Committee on Standards)	$270
Not applicable	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Not Applicable	N/A	N/A			N/A	N/A

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director/Shareholder	J. Cooksey, M.D. & Priscilla Perry, M.D., A Medical Corporation
City Advisory Director	Hibernia Corporation (No Compensation After 1996)
Limited Partner	Caldwell Broadcasting Ltd. Ptrs.
Limited Partner	Hallwood Energy Partners, L. P.
Board Member	Louisiana Medical Disclosure Panel
Clinical Professor of Opthalmology	LSU School of Medicine, Shreveport and New Orleans

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	(See Next Page)	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Courtesy Staff	St. Francis Medical Center
Active Staff	Glenwood Regional Medical Center
Teaching & Active Staff	E. A. Conway Memorial Hospital
Active Staff	Ashley Memorial Hospital

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
1989 to 1996	John C. Cooksey & Hibernia Corporation	"Deferred compensation plan for outside directors of Hibernia Corporation and its Subsidiaries" providing for deferral by non-employee directors of annual fees for attendance at meetings of City or Advisory Boards and comepnsation payable to members of City or Advisory Boards who are not Full-Time Employees.

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

(5)

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MC

(Office Use Only)

Jerry F. Costello
(Full Name)

629 Garden Blvd.
(Mailing Address)

Belleville, IL 62220

William B. Schaltenbrand-Accountant
(618) 398-4173
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: IL District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

x Jerry F. Costello

DATE (Month/Day/Year) May 15, 97

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Name Jerry F. Costello	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Onterio County Board of Education	Spouse Salary	NA
Belleville Area College	Spouse Salary	NA
Belleville PS District 118	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jerry F. Costello

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction (P, S, E)
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	West Pointe Bank & Trust Co. Stock - IRA			X									X						NA - IRA										
SP	West Pointe Bank & Trust Co. Stock - IRA			X									X						NA - IRA										
	Putnam International New Opportunities Fund - CLA - IRA		X										X						NA - IRA										
SP	Putnam International New Opportunities Fund - CLA - IRA		X										X						NA - IRA										
	State of Illinois			X									Illinois Retirement						X										
SP	State of Illinois			X									Illinois Teacher's Retirement						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jerry F. Costello

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Congressional Federal Credit Union	X													X				X										
	Pilot Short-Term Diversified Asset Fund		X												X				X										
	Boatman's Trust Company Taxable Bond Fund		X												* X	* X					** X								S
	Boatman's First National Bank of K.C. Intermediate Government Fund		X												* X	* X					** X								S
*	The Fund Generates Both Interest																												
	Income and Capital Gains or Losses																												
**	Interest Income Plus Net Capital																												
	Losses																												

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SCHEDULE IV — TRANSACTIONS

Name Jerry F. Costello

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Boatmen's Trust Co. Taxable Bond Fund		X		8-15-96	X									
	Boatmen's Trust Co. Taxable Bond Fund		X		11-29-96	X									
	Boatmen's First National Bank of Kansas City Intermediate Government Fund		X		1-31-96	X									
	Boatmen's First National Bank of Kansas City Intermediate Government Fund		X		4-30-96	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

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(Office Use Only)

Christopher Cox
(Full Name)

2402 Rayburn House Office Building
(Mailing Address)

202-225-5611
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 47	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Chris Cox

DATE (Month/Day/Year): May 15, 1997

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Continental Airlines	Spouse compensation	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug 13, 1996	$500
N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction (P, S, E)
SP, DC, JT (Examples)	SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	IRA: Dean Witter Liquid Asset Fund (money market account)		X										X							X									
SP	IRA: Fidelity Magellan Fund (money market account)			X									X								X								
	Dean Witter Reynolds, Inc. California Trust (money market account)						X						X										X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher Cox

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Continental Airlines, Inc. Retirement Plan			X									X									X							
SP	Calvert Tax-Free Reserves (money market account)					X							X										X						
SP	MFS Int. Income Fund		X										X							X									
SP	AZ Trans Bd. Revenue Bonds			X															X										
SP	Bradenton FL Utilities Bonds			X															X										
SP	GA Muni. Electric Authority Bonds			X															X										
SP	GA Muni. Electric Authority Ser. B			X															X										
SP	Newmont Gold Co. Common Stock	X											X						X										S
SP	Rubbermaid Common Stock	X											X							X									S
SP	Thermo Instrument Sys. Common Stock	X											X						X										S
SP	Homestake Mining Common Stock	X																	X										S
SP	Clark County, NV SD Bonds			X															X										
	American Eagle Coins		X																										P

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SCHEDULE IV — TRANSACTIONS

Name Christopher Cox

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
SP	Newmont Gold Company Common Stock		X		12-31-96	X									
SP	Rubbermaid Common Stock		X		12-31-96	X									
SP	Thermo Instrument Systems Common Stock		X		12-31-96		X								
SP	Homestake Mining Common Stock		X		12-31-96	X									

This page may be copied if more space is required.

Name Christopher Cox | Page 7 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Pletter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CNAIC -- Meeting with Taiwan President Lee	April 10-12	Wash., DC - Taipei - Los Angeles	Y	Y	N	N
	National Forum Foundation -- U.S. observer to Russian Presidential election	June 14-17	Wash., DC - New York - Moscow - Return	Y	Y	N	N
	Laffer, Canto & Associates Financial affairs seminar speaker	Dec. 3	Wash., DC - New York - Wash., DC	N	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Chapman University
Cong. Advisory Board	Leadership Institute
Cong. Advisory Board	Citizens Against Government Waste
Advisory Board	Center for Security Policy
National Advisory Board	Childhelp USA
Advisory Council	Laguna Canyon Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO, 1997 38–554 (mac)

Use additional sheets if more space is required.

Name Christopher Cox	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board	Orange County YMCA
Advisory Director	Orange County Coast Association
Advisory Board	National Cognitive Recovery Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

97 MAY 14 AM 10: 10

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

William J. Coyne
(Full Name)

2455 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202)225-2301

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 14	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William J. Coyne **DATE** (Month/Day/Year) 5/13/97

705

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William J. COyne, M.C. | Page 4 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Maga Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Pittsburgh National Bank				X										X							X							
	Wright Patman Federal C.U.					X									X								X						
	Dollar Savings Bank				X										X							X							
	~~Parker Hunter~~ (PART INTEREST PART DIVIDEND)			X									X		X					X									

For additional assets and unearned income, use next page.

Name William J. Coyne, M.C. Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	None														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name William J. Coyne, M.C. Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	YMCA of Pittsburgh
Board Member	Flax Trust
Board Member	Duquesne University Beard Center for Leadership in Ethics
	Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

WILLIAM J. COYNE
PENNSYLVANIA
14TH DISTRICT

COMMITTEE ON
WAYS AND MEANS

SUBCOMMITTEE
TRADE

COMMITTEE ON
THE BUDGET

COLEMAN J. CONROY
ADMINISTRATIVE ASSISTANT

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U.S. HOUSE OF REPRESENTATIVES

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WASHINGTON, DC 20515-3814
(202) 225-2301

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2009 FEDERAL BUILDING
1000 LIBERTY AVENUE
PITTSBURGH, PA 15222
(412) 644-2870

Congress of the United States
House of Representatives
Washington, DC 20515–3814

June 4, 1997

The Honorable Robin H. Carle
Clerk U.S. House of Representatives
Office of the Clerk
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

1
✓
MC

Dear Ms. Carle:

This letter constitutes an amendment to my Financial Disclosure Statement for calendar year 1996.

Under Schedule III: the assets is: U.S. Treasury Note. Further, Parker Hunter is a brokerage firm located at 600 Grant Street, Suite 3100, Pittsburgh, PA 15219

With all best wishes, I am

Sincerely,

William J. Coyne
Member of Congress

WJC:eh

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

ROBERT E. CRAMER, JR.
(Full Name)

417 EUSTIS AVENUE
(Mailing Address)

HUNTSVILLE, AL 35801

Daytime Telephone: 202/225-4801

MC (Office Use Only)

4

Filer Status	[X] Member of the U.S. House of Representatives — State: ALABAMA District: 5th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert E. Cramer Jr.

DATE (Month/Day/Year): MAY 7, 1997

Name ROBERT E. CRAMER, JR.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	EASY STREET INVESTMENT CO, INC. HUNTSVILLE, AL (1 SHARE)		X													X					X								
	AL STATE EMPLOYEES DEFERRED INCOME ACCOUNT (MONTGOMERY, AL) INVESTED IN:		X													X					X								
	NATIONWIDE FIXED ANNUITY																												
	MASSACHUSETTS FIXED ANNUITY																												
	1212 LOCUST AVENUE, HUNTSVILLE, AL					X								X							X								

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SOUTHTRUST MORTGAGE (HUNTSVILLE, AL)	MORTGAGE ON 7412 LOCUST AVENUE HUNTSVILLE, AL			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprolit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER (UNPAID)	NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN, ARLINGTON, VIRGINIA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 AM 11:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Philip Milller Crane
(Full Name)

233 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-3711

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 8th	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Philip M. Crane

DATE (Month/Day/Year): 5/15/97

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
World Media Association, Washington, DC	Speech	Jan. 22, 1996	$2,000
Swiss-American Chamber, Washington, DC	Speech	March 20, 1996	500
Independent Contractors Assn of Am, Wash, DC	Speech	June 17, 1996	500
Executive Enterprises, New York, New York	Speech	June 6, 1996	1,000
Tax Executive Institute, Washington, DC	Speech	Oct 22, 1996	2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Philip Miller Crane

BLOCK A — Aaset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Aaset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

				A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Maga Corp. Stock				X								X							X									P
			123 Main St., Dovar, Del.							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
	Congressional Credit Union Accts					X											X						X								
SP	First Union Natl Bank of VA Acct								X								X						X								
	TIAA/CREF (Retirement)					X														NA											
	Am Capital Govt Securities Funds (IRA)					X									X								X								
	Vanguard Wellesley Income Fund (SEP-IRA)								X						X		X							*	**						
	Coin Collection						X													X											

*= Capital gains income
**= dividend income

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Philip Miller Crane

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	New England Fund	X											X						X										
	Putnam Income Mutual Fund					X							X							X									
	Putnam Insured Mutual Fund					X							X							X									
	Nuveen Quality Income Municipal Fund			X									X							X									
	Nuveen Municipal Value Fund			X									X							X									
	MFS Municipal Income Trust			X									X							X									
	Fountain County, Indiana, Farm			X									Farm Income										X						
	Bay Oaks Development Corp. interest in 400 acres development property in McHenry, IL						X												X										
	Bay View Development Corp. interest in 130 acres development property in McHenry, IL					X													X										
	Hartford Annuity			X															X										

This page may be copied if more space is required.

Name Philip Miller Crane | Page 5 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Miami Congressional Workshop	Feb 2-5	Wash,DC--Miami--Wash, DC	y	y	Y	N
Intercollegiate Studies Inst.	Feb 23-25	(sp) Wash,DC-Nashville-WashDC Chicago--Nashville--Chicago	N	N	Y	N
RealiaStar Financial Corp	March 22-25	Wash,DC-Phoenix-Atlanta (part of following trip)	Y	N	Y	N
US Chmber of Commerce/Johnson & Johnson	March 25-26	(Part of preceding trip) Phoenix-Atlanta-Wash., DC	Y	Y	Y	N
Chinese Natl Asn of Industry & Commerce	April 7-14	Wash., DC-Taipei-Wash., DC	Y	Y	Y	N
Alpha Iota of Pi Kappa Phi at Auburn Univ. Alabama	Nov 15-18	Wash., DC- Auburn-Wash,DC	N	N	Y	N
The Tax Foundation	Nov 21-22	Wash., DC-NYC-Wash., DC	N	N	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Advisors	John M. Ashbrook Center for Public Affairs, Ohio
Board of Trustees	Hillsdale College, Michigan
Trustee	Intercollegiate Studies Institute, Delaware

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(8)

97 APR 30 AM 10:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

Congressman Michael D. Crapo
(Full Name)

437 Cannon House Office Building
(Mailing Address)

(202) 225-5531
Daytime Telephone:

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: ID District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL M. Crapo

DATE (Month/Day/Year) April 29, 1997

Name	Michael D. Crapo	Page 1 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
National Water Resources Association	Speech	April 19, 1996	$1,000.00
Idaho Cable Television Association	Speech	Aug. 13, 1996	$1,000.00
Western Regional Council	Speech	Nov. 14, 1996	$1,000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Michael D. Crapo

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	321 2nd St. SE Washington, DC						X							X										X					
JT	Undivided Minority Interest in 359 acres ranch land Fremont, ID		X											X					X										
JT	Medical and Professional Credit Union Accounts				X										X						X								
JT	Key Bank of Idaho checking account		X												X				X										
JT	Idaho State Retirement Plan		X													NOT			APPLICABLE										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael D. Crapo

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Merrill Lynch CMA Money Fund		X										X							X									
JT	CIPSCO Inc. Illinois Common Stock		X										X							X									
JT	Merrill Lynch World Income Fund		X										X						X										
JT	Idaho Falls, ID Electric Bonds		X												X						X								
JT	Unit JMB Hawaii, Limited Partnership		X												X				X										
JT	IRA: TIGR PRINE Series 23, 0%		X												X				X										
JT	IRA: Merrill Lynch Retirement Reserve Money Fund		X										X							X									
JT	IRA: Merrill Lynch World Income Fund for Tomorrow, Class D		X										X						X										
JT	IRA: Merrill Lynch World Income Fund for Tomorrow, Class A		X										X						X										
JT	IRA: Merrill Lynch Income Realty Partnership VI-LP-86	X													X				X										
DC	Merrill Lynch Basic Value Fund Class A		X										X							X									
DC	Merrill Lynch Fund for Tomorrow Class D		X										X						X										
JT	PAB Oil & Mining, INC.	X											X						X										
JT	Frontier Energy Corp.	X											X						X										
JT	Investment Development Corp.	X											X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Micahel D. Crapo

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	KEOUGH: Branch - Cabell Account					X								UNKNOWN									X						

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SCHEDULE IV — TRANSACTIONS

Name Michael D. Crapo

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
JT	KEOUGH: Loan Made to Michael D. and Susan D. Crapo	PAID OUT			2/8/96		X								
JT	KEOUGH: Cash and Money Market Fund	Tranferred to Branch-Cabell Acct.			Approx. 3/96		X								

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Name Michael D. Crapo

Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Prudential Home Mortgage	Mortgage on 321 2nd St. SE Washington, DC					X					
JT	West One Bank as KEOUGH Plan Trustee HKHC, for Michael D. Crapo	Loan from KEOUGH Account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Idaho Cable TelevisionAssoc	Aug. 12-13, 1996	San Diego-Sun Valley-San Diego	Y	Y	Y	N
	Western Regional Council	Nov. 13-14, 1996	Idaho Falls-Phoenix-Washington, DC	Y	Y	N	N
	Intermountain Forest Assoc.	Dec. 12-13, 1996	Boise-Spokane-Idaho Falls	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

HAND DELIVERED (5)

97 MAY 15 PM 5:36

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (Office Use Only)

Barbara Lynn Cubin
(Full Name)

1600 N. Oak #1805
(Mailing Address)

202-225-2311
Daytime Telephone

Arlington VA 22209

Filer Status	☒ Member of the U.S. House of Representatives	State: WYOMING District: AT LARGE	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Barbara Lynn Cubin

DATE (Month/Day/Year): 5-15-97

Name Barbara L Culsin	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Fred W. Culsin, M.D.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Barbara L. Cubin

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(a) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	I $201 – $1,000	II $1,001 – $2,500	III $2,501 – $5,000	IV $5,001 – $15,000	V $15,001 – $50,000	VI $50,001 – $100,000	VII $100,001 – $1,000,000	VIII $1,000,001 – $5,000,000	IX Over $5,000,000	X	Transaction P, S, E
SP	Mega Corp. Stock				X									X						X										P
DC	123 Main St., Dover, Del.														X										X					
JT	1st Bank of Paducah, KY accounts						X									X						X								
	Smith Barney Money Fund															X			X											
	(was Shearson Daily Dividend)																		X											
	Glaxo		X											X					X											
	Inv. Co. of America		X											X					X											
	Lagacy Annuity			X										X			X			X										
	SB Growth Fund		X											X			X			X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barbara L Cubin

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	SB Total Return Fund		X										X			X				X									
	Concept Fund		X										X			X			X										
	Staples		X																X										
	Trinet Corp		X										X						X										
	USX Marathon	X														X			X										
	Identix		X													X			X										
	Cascade International	X											X						X										
	Casper Mountain Land				X														X										
	Garfield Peak Land					X													X										
	State Street Mutual Fund			X									X								X								
	Income Fund of America												X								X								
	Norwest Bank Savings Acct		X												X						X								
	THRIFT SAVINGS PLAN			X									X		X				X										

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SCHEDULE IV — TRANSACTIONS

Name Barbara L. Cubin

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
SP	INCOME FUND OF AMERICA		X		12-20-96	X									
SP	PACIFIC POWER		X		6-3-96	X									
SP	LAGACY ANNUITY	X			12-7-96		X								
SP	TRINET CORP	X			6-4-96	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(9)

RECEIVED
97 MAY 19 PM 4:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

ELIJAH E. CUMMINGS
(Full Name)

2014 MADISON AVENUE, BALTIMORE, MD 21217 (410) 367-1900
(Mailing Address) Daytime Telephone

(202) 225-4741

MAY 15 1997

Filer Status	☒ Member of the U.S. House of Representatives	State: MD District: 7	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

✓ SIGNATURE OF REPORTING INDIVIDUAL: Elijah E. Cummings

DATE (Month/Day/Year): 05-15-97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF MARYLAND [EARNED PRE-4/25/96]	DELEGATE SALARY	$9,613
	BALTIMORE COUNTY SCHOOLS	SPOUSE SALARY	$55,000
	ELIJAH E. CUMMINGS, P.A. [EARNED PRE-4/25/96]	SALARY	$10,625 (N-1)

(NOTE-1) Congressman Cummings ceased the active practice of law on 4/24/96. "Elijah E. Cummings, P.A., the professional corporation solely owned by the Congressman, continued in existence after 4/24/96 for the sole purposes of its orderly dissolution (i.e., collecting amounts owed the corporation and paying the corporation's bills and debts) and the protection and referral of its former legal clients.

The "earned salary income" disclosed above was "earned" prior to 4/24/96 and is the "income" personally received by the Congressman from Elijah E. Cummings P.A., during 1996. The corporation's total receipts for 1996 are disclosed as follows: (1) Received Pre-4/24/96: $26,685.03
(2) Received Post-4/24/96: $30,763.20
(3) Received Total 1996: $54,448.23

For payments to charity in lieu of honoraria, use Schedule II.

Name ELIJAH E. CUMMINGS | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
MARYLAND CHURCH OF GOD IN CHRIST, INC	SPEECH	FEBRUARY, 1996	$150.00
MADISON AVENUE MEN'S DAY	SPEECH	MAY, 1996	$200.00
HOWARD UNIVERSITY SCHOOL OF DIVINITY	SPEECH	OCTOBER, 1996	$350.00
CALVARY BAPTIST CHURCH	SPEECH	NOVEMBER, 1996	$245.00

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Name ELIJAH E. CUMMINGS | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, OC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income (DIVIDENDS, RENT, INTEREST, CAPITAL GAINS, EXCEPTED TRUST, QUALIFIED BLIND TRUST)	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction (P, S, E)
	Examples: SP Mega Corp. Stock			X									X		X									P
	123 Main St., Dover, Del.							X						X						X				
	1st Bank of Paducah, KY accounts					X											X							
	2014 MADISON AVE., BALT., MD			X									X				X							
JT	5809 LEITH WALK, BALT., MD			X										X										
	2225 ST. PAUL ST., BALT., MD			X									X				X							S
	ELIJAH E. CUMMINGS, P.A.	X												X	[NOTE: PER HOUSE RULES, CONTINUED LEGAL EXISTENCE ONLY FOR RESOLVING CLAIMS								

For additional assets and unearned income, use next page. [CONT., NEXT PAGE]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ELIJAH E. CUMMINGS

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	FIRST FINANCIAL FCU		X												X				X										
SP	JOHN ALDEN LIFE INS. ANN		X												X				X										
SP	KEMPER MUTUAL FUNDS		X										X						X										
SP	CHUBB LIFE INS. ACCT.		X										X						N/A										
SP	PIONEER II FUND		X										X						X										
SP	PIONEER CAPITAL GROWTH FUND		X										X						X										
SP	WESTERN RESERVE LIFE INS		X												X				X										

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SCHEDULE IV — TRANSACTIONS

Name ELIJAH E. CUMMINGS | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10–12–96		X								
	INSTALLMENT SALE OF 2225 ST. PAUL ST., BALT., MD. (SEE, SCHEDULE III & 5/95 REPORT)		X		ONGOING	X (1996)									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	HARBOR BANK, BALT., MD.	PERSONAL LOAN	X									
	IDEAL SAVINGS & LOAN, BALT., MD	MORTGAGE: 2225 ST. PAUL ST.		X								
	MARYLAND NATIONAL BANK (NATIONS BANK)	PERSONAL LOAN		X								
	INTERNAL REVENUE SERVICE	BUSINESS TAX LIABILITY		X (1)								
	(NOTE (1): CURRENT I.R.S. BALANCE = $2,400 +/-)											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE POST 4/25/96		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE 1996 POST 4/25/96							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	EUBIE BLAKE CULTURAL CENTER, BALT., MD.
DIRECTOR	BALTIMORE ZOOLOGICAL SOCIETY, BALT., MD
DIRECTOR	LEARNING TO LEAD, INC., BALT., MD.
OFFICER/DIRECTOR	ELIJAH E. CUMMINGS, P.A. [SEE NOTE - SCHEDULE III]

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

ELIJAH E. CUMMINGS
7TH DISTRICT, MARYLAND

1632 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-4741
FAX (202) 225-3178

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE

COMMITTEE ON
GOVERNMENT REFORM
AND OVERSIGHT

DEMOCRATIC
POLICY COMMITTEE

97 JUN -9 PM 4:0

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES

2000 DRUID PARK DRIVE
BALTIMORE, MD 21215
(410) 367-1900
FAX (410) 367-5331

7860 LIBERTY ROAD
BALTIMORE, MD 21207
(410) 496-2010
FAX (410) 496-2015

754 FREDERICK ROAD
CATONSVILLE, MD 21228
(410) 719-8777
FAX (410) 455-0110

HAND DELIVERED

1
MC

June 9, 1997

Honorable Robin H. Carle, Clerk
U.S. House of Representatives
Legislative Resource Center
Room B-106, Cannon House Office Building
Washington, D.C. 20515

Re: Letter Amendment of Financial Disclosure Statements 2/5/96, 5/13/96 & 5/15/97

Dear Ms. Carle:

It has come to my attention that, in preparing my annual financial disclosure statements for the periods 1995 and 1996, I inadvertently failed to disclose the home mortgage loan on my residence located at 2014 Madison Avenue, Baltimore. I did disclose, within the reports on record, a small amount of rental income received from a rental apartment in the building.

I regret and wish to correct this inadvertent oversight by Amendment.

By the original and two copies of this letter enclosed, please amend Schedule V of my financial disclosure statements on record (2/5/96; 5/13/96 & 5/15/97), filed as candidate and Member, for the applicable reporting years 1995 and 1996 to disclose the following information:

- The holder of my mortgage obligation re: 2014 Madison Avenue is listed on my records as Cenlard Federal Savings Bank, Central Loan, P.O. Box 77404, Trenton, NJ 08628.
- My records indicate that the outstanding principal balances on this home mortgage loan at the end of calendar years 1995 & 1996 were: 1995: $ 70,856.42; 1996: $ 69,733.43.

Thank you for your assistance in clarifying this information.

Sincerely,

Elijah E. Cummings
Member of Congress

EEC:mc

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 4:13

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(4)

Randy Duke Cunninghan
(Full Name)

2238 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5452

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 51	[ ] Officer or Employee	Employing Office:	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your apouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your apouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your apouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Randy Duke Cunningham

DATE (Month/Day/Year): 15 MAY 97

747

Name Randy Duke Cunninghan	Page ___ of __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Encinitas Union School District	Spouse Salery	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name Randy Duke Cunninghan | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	Examples: SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Top Gun Enterprises-sole share holder	$250,001 - $500,000	Capital Gains	$5,001 - $15,000	
	Mission Valley Fed. Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
	Union Bank-Miramar-checking	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Union Bank-Miramar checking	$1,001 - $15,000	Interest	$1,001 - $2,500	
SP	IRA/Union Bank Miramar	$15,001 - $50,000	Interest	$1,001 - $2,500	
	IRA/Union Bank Miramar	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Note secured by deed of trust located at Elsworth/parcel #386-410-28 Debtor Calvin Goad	$50,001 - $100,000	Interest	$5,001 - $15,000	
DC	Union Bank-Savings	$1,001 - $15,000	Interest	None - $200	

Name Randy Duke Cunninghan | Page ____ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Union Bank-Savings	$1,001 - $15,000	Interest	None - $200	
JT	580 Camino De La Reina #229, San Diego CA	$100,001 - $250,000	Rent	$5,001 - $15,000	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 JUN -6 AM 10: 39
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC

INSIDE MAIL
(Office Use Only)

(2)

Randy Duke Cunninghan
(Full Name)

2238 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5452

Filer Status	[X] Member of the U S House of Representatives	State CA District 51	[ ] Officer or Employee	Employing Office:	
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Randy Duke Cunningham

DATE (Month/Day/Year): 6 4 97

Name Randy Duke Cunninghan	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	HomeSide Lending Inc., San Diego, CA	Mortgage on 580 Camino De La Reina #229, San Diego, CA	$100,001 - $250,000

RANDY "DUKE" CUNNINGHAM
51ST DISTRICT, CALIFORNIA
COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEES:
NATIONAL SECURITY
LEGISLATIVE
DISTRICT OF COLUMBIA

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PLEASE RESPOND TO:
2338 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0551
(202) 225-5452
(202) 225-2558 FAX
613 WEST VALLEY PARKWAY
SUITE 350
ESCONDIDO, CA 92025
(619) 737-6469
(619) 737-6135 FAX
WORLD WIDE WEB:
http://www.house.gov/cunningham/

Congress of the United States
House of Representatives
Washington, DC 20515–0551

June 4, 1997

(1)

MC

The Honorable Robin H. Carle
Office of the Clerk
H-154
Washington, D.C. 20515

Dear Ms. Carle:

I would like to amend my 1994 and 1995 financial disclosure statements. My wife Nancy & I own a condominium in San Diego that we started renting out in 1994. I listed the condo on Schedule III Assets and "Unearned Income"; however, I failed to list the liability on Schedule V.

We should have listed the liability for the two previous years as follows:

Creditor: HomeSide Lending Inc., San Diego, CA
Type of Liability: Mortgage on 580 Camino De La Reina #229, San Diego, CA
Amount of Liability: $100,001-250,000

I apologize for the oversight. If you have any questions concerning this matter, please contact me at 5-5452. Thank you for your time.

Sincerely,

Randy "Duke" Cunningham
Member of Congress

RDC:sd

PRINTED ON RECYCLED PAPER

754

97 MAY 15 AM 10:10

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Pat Danner
(Full Name)

1207 Longworth Building
Washington, D.C. 20515
(Mailing Address)

202-225-7041
Daytime Telephone

Filer Status	[x] Member of the U.S. House of Representatives	State: MO District: 6th	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and ~~willfully fails~~ to file this report ~~may be subject to~~ civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

May 15, 1997
DATE (Month/Day/Year)

Name	Page 2 of 11
Pat Danner	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Onlano County Board of Education	Spouse Salary	NA
	AETNA (Spouse--Annuity)	TWA Retirement	N/A
	State of Missouri	Legislative Pension	11,509.51

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Pat Danner

Page 3 of 1

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock			X									X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Prairie View Car Wash 6550 NW Prairie View Rd, Kansas City, MO						X						Profits										X						
JT	Autowash #12, 2610 NE 60th St. Gladstone, MO						X						Profits										X						
JT	Cedarwoods Apts.,206-215 W.Main Smithville, MO							X						X									X						
JT	Gragg Acres (2 lots) Hgwy.#1 Kansas City, MO			X														X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pat Danner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Meadowbrook Highlands, Lot 5 N. Antioch Rd, Gladstone, MO		X																X										
JT	Grand River Partners-Farm Bedford, MO				X								Farm Income									X							
JT	Briarcliff Point Partners 209 NE 40th Terrace, Kansas City					X								X								X							
JT	Ventures North, Inc. I-35 & N. Brighton, Kansas City, MO					X								X								X							
JT	Barclay Place Development Co. Barry Rd. & N. Troost, Kansas City, MO			X															X										
JT	Macon County Farm (40 acres) Macon, MO			X									Farm Income								X								
JT	Carroll County Farm (250 acres) Hale, MO				X								Farm Income						X										
JT	Duplex-5403 N. Washington Kansas City, MO				X									X					X										
SP	Members America Credit Union, IRA						X								X						N/A								
JT	Members America Credit Union, IRA		X												X				X										
SP	Edward D. Jones, Money Market Account						X								X						N/A								
SP	AHM (Management Co.) LLC		X										Profits										X						
SP	Brookshire II LLC (Subdivision)					X										X						X							
SP	KC Super 8 LLC Motel							X						X								X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pat Danner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Livingston County Farm				X								Farm			Income						X							

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Name Pat Danner

Page 6 of 11

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
JT	Mid East Oil (partial gas well)	X					X								
JT	Gragg Acres (residential lots-2)		X				X								
JT	Antioch Car Wash-Kansas City, Mo	X							X						

This page may be copied if more space is required.

Name Pat Danner

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Liberty Savings Bank (1/4 Interest)	Deed of Trust on Briarcliff Points Apts.				X						
JT	Liberty Savings Bank (1/4 Interest)	Deed of Trust on Ventures North Apts.				X						
JT	Boatsmans Bank of Kansas City (1/2 Interest)	Deed of Trust on Cedarwood Apts.						X				
JT	Platte Valley Bank-Smithville, MO (1/2 interest)	Deed of Trust on Prairie View Car Wash			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be edded towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered es House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standerds)	$270
	NONE	

Use additional sheets if more apace la required.

Name Pat Danner

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Boatmans Bank of Kansas City (1/2 interest)	Deed of Trust on Autowash # 12				X						
JT	MO 1st National Bank of Brookfield	Deed of Trust on Antioch Car Wash				X						
JT	First Missouri Savings Bank Brookfield, MO (1/2 interest)	Deed of Trust on Livingston Co. Farm			X							
JT	Cameron Savings & Loan Cameron, MO (1/2 Interest)	Deed of Trust on Carrol County Farm		X								
JT	Cameron Savings & Loan, Cameron, MO (1/3 Interest)	Deed of Trust on Duplex 5403 N. Washington Kansas City, MO		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name Pat Danner

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Mutual Savings Association Leavenworth, KS	Deed of Trust Kansas City Super 8 Motel						X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
			NONE				

This page may be copied if more space is required.

Name	Pat Danner	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

97 JUN -2 PM 5:01

HAND DELIVERED

PAT DANNER
6TH DISTRICT MISSOURI

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
SURFACE TRANSPORTATION
AVIATION

COMMITTEE ON INTERNATIONAL RELATIONS
SUBCOMMITTEE
INTERNATIONAL ECONOMIC POLICY AND TRADE

Congress of the United States
House of Representatives
Washington, DC 20515–2506

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1207 LONGWORTH BUILDING
WASHINGTON, DC 20515
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FAX (202) 225-8221

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FAX (816) 233-9848

5754 NORTH BROADWAY
BUILDING 3, SUITE 2
KANSAS CITY, MO 64118-3998
(816) 455-2256
FAX (816) 455-2153

June 3, 1997

12

MC

The Clerk, US House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D. C. 20515-6612

Dear Sir:

Please find attached highlighted amended Financial Disclosure Statement for the Calendar Year 1996.

These amendments are reflected on Schedule III "Assets and "Unearned" Income" and Schedule IV "Transactions". I inadvertently failed to report two purchases and one sale on the Schedule III form. These purchases were as follows:

Purchase	Value	Type of Income	Amount of Income
Mid East Oil (Partial gas well)	$5,000--$50,000	Dividends	$2,501-$5,000
Antioch Car Wash-Kansas City	$100,000-$250,000	Profits	$2,501-$5,000

Also on Page 3-11 I need to add Block E as a "Sale" of the Gragg Acres (2 lots-Highway #1, Kansas City, MO)

Also, I inadvertently did not include the date of transactions on the Schedule I-"Transactions". These dates are as follows:

Purchase of Mid East Oil (partial gas well)	9-96
Purchase of Antioch Car Wash-Kansas City, MO	1-97
Sale of Gragg Acres (2 residential lots)	6-96

Should you have any questions in this regard, please contact my Chief of Staff, Cathie McCarley at 225-7041. Thank you for your attention to this matter.

Best regards,

Pat Danner
Member of Congress

PD:chm
Enclosure

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN -2 PM 5:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Pat Danner
(Full Name)

1207 Longworth Building
Washington, D.C. 20515
(Mailing Address)

202-225-7041
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State: MO District: 6th; [ ] Officer or Employee — Employing Office.

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year): May 15, 1997

Name	Pat Danner	Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	AETNA (Spouse--Annuity)	TWA Retirement	N/A
	State of Missouri	Legislative Pension	11,509.51

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Pat Danner

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Prairie View Car Wash 6550 NW Prairie View Rd, Kansas City, MO						X						Profits										X						
JT	Autowash #12, 2610 NE 60th St. Gladstone, MO						X						Profits										X						
JT	Cedarwoods Apts.,206-215 W.Main Smithville, MO							X						X									X						
JT	Gragg Acres (2 lots) Hgwy.#1 Kansas City, MO			X															X										S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pat Danner

Page 4 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Meadowbrook Highlands, Lot 5 N. Antioch Rd, Gladstone, MO		X																X										
JT	Grand River Partners-Farm Bedford, MO				X								Farm Income									X							
JT	Briarcliff Point Partners 209 NE 40th Terrace, Kansas City					X								X								X							
JT	Ventures North, Inc. I-35 & N. Brighton, Kansas City, MO					X								X								X							
JT	Barclay Place Development Co. Barry Rd. & N. Troost, Kansas City, MO			X															X										
JT	Macon County Farm (40 acres) Macon, MO			X									Farm Income								X								
JT	Carroll County Farm (250 acres) Hale, MO				X								Farm Income						X										
JT	Duplex-5403 N. Washington Kansas City, MO				X									X					X										
SP	Members America Credit Union, IRA						X								X						N/A								
JT	Members America Credit Union, IRA		X												X				X										
SP	Edward D. Jones, Money Market Account						X								X						N/A								
SP	AHM (Management Co.) LLC		X										Profits										X						
SP	Brookshire II LLC (Subdivision)					X										X						X							
SP	KC Super 8 LLC Motel							X						X								X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pat Danner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Livingston County Farm				X								Farm Income									X							
JT	Mid East Oil (Partial gas well)	X											X									X							P
JT	Antioch Car Wash-Kansas City MO					X								Profits								X							P

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SCHEDULE IV — TRANSACTIONS

Name Pat Danner

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
JT	Mid East Oil (partial gas well)	X			9-96		X								
JT	Gragg Acres (residential lots-2)		X		6-96		X								
JT	Antioch Car Wash-Kansas City, Mo	X			1-97				X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	*First Bank of Wilmington, Delaware*	*Mortgage on 123 Main St., Dover, Del.*				X						
JT	Liberty Savings Bank (1/4 Interest)	Deed of Trust on Briarcliff Points Apts.				X						
JT	Liberty Savings Bank (1/4 Interest)	Deed of Trust on Ventures North Apts.				X						
JT	Boatsmans Bank of Kansas City (1/2 Interest)	Deed of Trust on Cedarwood Apts.						X				
JT	Platte Valley Bank-Smithville, MO (1/2 interest)	Deed of Trust on Prairie View Car Wash			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example *Mr. Joseph H. Smith, Anytown, Anystete*	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Boatmans Bank of Kansas City (1/2 interest)	Deed of Trust on Autowash # 12				X						
JT	MO 1st National Bank of Brookfield	Deed of Trust on Antioch Car Wash				X						
JT	First Missouri Savings Bank Brookfield, MO (1/2 interest)	Deed of Trust on Livingston Co. Farm			X							
JT	Cameron Savings & Loan Cameron, MO (1/2 Interest)	Deed of Trust on Carroll County Farm		X								
JT	Cameron Savings & Loan, Cameron, MO (1/3 Interest)	Deed of Trust on Duplex 5403 N. Washington Kansas City, MO		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residance (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Mutual Savings Association Leavenworth, KS	Deed of Trust Kansas City Super 8 Motel						X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
			NONE				

This page may be copied if more space is required.

Name	Pat Danner	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 AM 10: 23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(b)

Danny K. Davis
(Full Name)

5252 W. Polk Street, Chicago, IL 60644
(Mailing Address)

202/225-5006
Daytime Telephone:

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: Illinois District: 7	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Danny K. Davis

DATE (Month/Day/Year): May 14, 1997

Name Danny K. Davis	Page 1 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Blue Knight Security	Salary	$14,400
	Loss Prevention	Salary	1,800
	Cook County Board	Salary	57,247.50
	Chicago Board of Education	Spouse Salary	[illegible]
	National Housing Partnership	Directors Fee	10,000
	Austin Bank of Chicago	Directors Fee	600

For payments to charity in lieu of honoraria, use Schedule II.

Name	Danny K. Davis	Page 2 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
None			

This page may be copied if more space is required.

Name Danny K. Davis

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	5730 W. Division					X								X									X						
	1428 S. Homan				X									X							X								
	Community Bank of Lawndale		X												X				X										
	Austin Bank of Chicago		X													X			X										
	First Chicago Bank		X													X			X										
SP	United Credit Union		X													X			X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny K. Davis

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Variable Life Ins. Co.			X									X							X									
SP	Pegasus Funds	X													X				X										
SP	Equitable Annuityu			X									X							X									
SP	Equitable IRA		X										X							X									
SP	Variable Annuity						X						X										X						

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Danny K. Davis

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	None														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Austin Bank of Chicago	Mortgage (5730 W. Division, Chicago, IL)		X								
	Austin Bank of Chicago	Personal Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	DNA						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Commissioner	Cook County Board
Marketing/Trainer	Loss Prevention
Marketing/Trainer	Blue Knight Security
Board Member	Street Wise Newspaper
Board Member	East-West University
Board Member	Inter Faith House

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII----POSITIONS

Position	Name of Organization
Chairman	Westside Health Planning Organization
Member	Westside Ministers Coalition
Member	University of Arkansas at Pine Bluff Alumni Association
Member	Alpha Phi Alpha Fraternity, Mu Mu Lambda Chapter
Consultant	Herbert B. Slutsky & Associates
Partner	Blue Knight Security
Partner	Davis, Slutsky & Associates

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 1:56

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Jim Davis
(Full Name)

327 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-3376

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[X]	No	[ ]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	[ ]	No	[X]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[ ]	No	[X]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[ ]	No	[X]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[ ]	No	[X]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[X]	No	[ ]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[X]	No	[ ]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes	[ ]	No	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

787

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bush Ross Gardner Warren & Rudy, P.A.	Salary	$39,892
	State of Florida	Salary	$20,831
	Buss Ross Gardner Warren & Rudy, P.A.	Health Care Reimbursement	$4,117

For payments to charity in lieu of honoraria, use Schedule II.

Name Jim Davis | Page 3 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None "	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$1S,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Sale of interest in Englewood Land Trust	None - $1,000	Capital Gains	None - $200	NA
	Bush Ross Gardner Warren & Rudy, P.A. Benefit Plan & Profit Sharing Plan	$1S,001 - $50,000			
	Capital Stock- Buss Ross Gardner Warren & Rudy, P.A.	$50,001 - $100,000			
	Savings Account- Suncoast Schools Federal Credit Union	$1,001 - $15,000	Interest	None - $200	
	(2) Certificates- Treasury Securities	$1,001 - $15,000			

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Shareholder	Bush Ross Gardner Warren & Rudy, P.A.
State Representative	State of Florida

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
12/94	Employment agreement between Bush Ross Gardner Warren & Rudy, P.A. & Jim Davis	Allows for the right to receive payments collected by the firm from November 1996 to December 1996 for legal services previously provided by the Congressman.

JIM DAVIS
11TH DISTRICT, FLORIDA

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 21 PM 3:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–0911

May 20, 1997

(6)

MC

The Honorable Robin H. Carle
Clerk of the House of Representatives
H154, The Capitol
Washington, D.C. 20515

Dear Ms. Carle:

I would like to request your assistance in the following matter.

I am filing an amendment to my 1996 Financial Disclosure Statement. Please note that I have made the following changes to Schedule III (Assets and Unearned Income):

Asset/or Income Source	Change in Disclosure
Sale of interest in Englewood Land Trust	Deleted entry. Transaction occurred in 1995.
Capital Stock- Bush Ross Gardner Warren & Rudy. P.A.	Changed from Cap. Stock to Accounts Receivable. Value of Asset changed from $50,001 to 15,001.
Savings Account- Suncoast Schools Federal Credit Union	Account changed from Suncoast to Bank of Tampa. Amount of income changed from none to $201.

Thank you for your kind consideration of this matter. If you have any questions, please contact Joan Hall of my staff at 5-3376.

Sincerely,

Jim Davis

Jim Davis
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
'97 MAY 21 PM 3:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Jim Davis
(Full Name)

327 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-3376

Filer Status	[X] Member of the U.S House of Representatives	State: FL District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
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VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/20/97

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
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SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Bush Ross Gardner Warren & Rudy, P.A. Benefit Plan & Profit Sharing Plan	$15,001 - $50,000			
	Accounts Receivable- Bush Ross Gardner Warren & Rudy, P.A.	$15,001 - $50,000			
	Savings Account- Bank of Tampa	$15,001 - $50,000	Interest	$201 - $1,000	
DC	(2) Certificates- Treasury Securities	$1,001 - $15,000			

Name Jim Davis | Page 4 of 5

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

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State Representative	State of Florida

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
12/94	Employment agreement between Bush Ross Gardner Warren & Rudy, P.A.	Allows for the right to receive payments collected by the firm from November 1996 to December 1996 for legal services previously provided by the Congressman.

42-409 97 – 26

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(9)

97 MAY 15 PM 3:53

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

THOMAS M. DAVIS III
(Full Name)

3304 JUNIPER WAY, FALLS CHURCH, VIRGINIA 22042
(Mailing Address)

Daytime Telephone: 202-225-1492

Filer Status	☑ Member of the U.S. House of Representatives — State: VIRGINIA District: 11	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas M. Davis III

DATE (Month/Day/Year): 5/15/97

Name DAVIS | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salery	NA
	DAVIS AND HALL	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	DAVIS	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: D Davis

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Maga Corp. Stock			X									X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	VIRGINIA STATE PUBLIC SCHOOL AUTHORITY BONDS			X											X						X								
	PRC, INC - ESOP					X							X										X						E
	FAIRFAX COUNTY PUBLIC IMPROVEMENT FUNDS			X											X						X		X						
	CHARLES SCHWAB TAX EXEMPT MONEY FUND					X									X						X								
	BLACK AND DECKER			X									X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVIS

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	SAVINGS ACCOUNT - FIRST UNION			X											X						X								
	BANK - FAIRFAX, VA																												
	RENTAL PROPERTY - 4559					X								X									X						
	KING EDWARD CT - ANNANDALE, VA																												
	401 K PLAN, PRC, INC					X									X							X							
	401 K PLAN, DEFERRED					X									X							X							
	COMPENSATION - FAIRFAX CTY. VIRGINIA																												
	OCEANA PROPERTY - PART.			X										X					X										
	VIRGINIA BEACH, VA																												

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SCHEDULE IV — TRANSACTIONS

Name DAVIS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	EXCHANGED BLACK AND DECKER STOCK FOR PRC ESOP WHEN PRC, INC WAS SOLD BY BLACK AND DECKER TO			X					X						

This page may be copied if more space is required.

Name DAVIS

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgaga on 123 Main St., Dover, Del.				X						
	FIRST VIRGINIA BANK, FALLS	MORTGAGE - 4559				X						
	CHURCH, VIRGINIA	KING EDWARD COURT										
		ANNANDALE, VIRGINIA										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1997 38–554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 12:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

(9)

John Nathan Deal
(Full Name)

8805 Skitts Mountain Road
(Mailing Address)

Lula GA 30554

Daytime Telephone: 202/225-5211

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District: 09	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Nathan Deal

DATE (Month/Day/Year): May 15, 1997

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hall County Board of Education, Gainesville, GA	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Note Receivable - Chas D. & Norma Matthews - 1/2 interest	$15,001 - $50,000	Interest, Capital Gains	$5,001 - $15,000	
	212 Green Street, Gainesville, GA - Bldg. 1/2 Interest	$250,001 - $500,000	Rent	$15,001 - $50,000	
	8811 Skitts Mt. Rd., Lula, GA - Rental House	$15,001 - $50,000	Rent	$2,501 - $5,000	
	10% interest - Banks Lands LTD. - Limited Partnership	$15,001 - $50,000	Dividends, Interest, Cap. Gain	$15,001 - $50,000	S
	IRA - Regions Bank, Gainesville, GA	$100,001 - $250,000	Interest	NA	
SP	IRA - Regions Bank, Gainesville, GA	$15,001 - $50,000	Interest	NA	
	IRA Community Bank & Trust, Cornelia, GA	$1,001 - $15,000	Dividends	$201 - $1,000	
	Wachovia Corp. - Stock	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Gainesville Bank & Trust - Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	Regions Bank - Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	North Georgia Ferm Credit - Stock	$1,001 - $15,000	Dividends, Capital Gains	$5,001 - $15,000	
	Regions Bank - Checking Account	$1,001 - $15,000			
	Wachovia Bank - Checking Account	$1,001 - $15,000			
	Congressional Federal C.U.	None - $1,000	Interest	None - $200	
	Recovery Services, Inc. - Stock	$50,001 - $100,000	Dividends	None - $200	
	Thrift Savings Plan	$15,001 - $50,000	Dividends, Interest	$1,001 - $2,500	
	1/2 Interest on 29.574 acres on 1602 Athens Hwy., Gainesville, GA	$500,001 - $1,000,000	Rent	$50,001 - $100,000	P (8.804 acres)
	(100% of Value & Income are reported here)				

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Acreage - Banks Lands LTD. - 1/10 interest Limited Partnership	Sold	9-96	$15,001 - $50,000
	1/2 interest - 7.11 acres on 1602 Athens Hwy. - Gainesville, GA (100% of value reported here)	Purchase	5-17-96	$50,001 - $100,000
	1/2 interest - 1.694 acres on 1602 Athens Hwy., Gainesville, GA (100% of value reported here)	Purchase	12-17-96	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Gainesville Bank & Trust, Gainesville, GA	Secured Note - Vehicle	$10,001 - $15,000
	Gainesville Bank & Trust, Gainesville, GA	Mortgage on 20.77 acres on 1602 Athens Hwy, Gainesville, GA	$250,001 - $500,000
	(100% of mortgage is reported here - liable for 1/2 interest in secured property)		
	Charles Thurman	Mortgage on 8.804 acres on 1602 Athens Hwy., Gainesville, GA	$50,001 - $100,000
	(100% of mortgage is reported here - liable for 1/2 interest in secured property)		
	Gainesville Bank & Trust, Gainesville, GA	Endorser on note of Recovery Services, Inc. - Operating Expenses	$50,001 - $100,000
	Ford Motor Credit	Endorser on note of Recovery Services, Inc. - Truck	$15,001 - $50,000
	Georgia First Bank, Gainesville, GA	Secured Note - Truck	$15,001 - $50,000
	Gainesville Bank & Trust, Gainesville, GA	Endorser on notes for equip. of Recovery Services, Inc.	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor'e expense. Disclosure is required regardless of whether the expenses were reimbureed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Georgia Textile Manufacturers Assn, Inc.	Sept. 22-23	Gainesville, GA - Sea Island, GA, Sea Island, GA - Gainesville, GA	Y	Y	N	N

Name John Nathan Deal | Page 8 of 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Partner	Deal & Jarrard - Real Estate Partnership
Sec. / Treas.	Recovery Services, Inc.
Limited Partner	Banks Lands LTD.

1406 Longworth House Office Building
Washington, D.C. 20515-1009
phone: (202) 225-5211
fax: (202) 225-8272

Committee On Commerce
Telecommunications, Trade
and Consumer Protection
Finance and Hazardous Materials
Health and Environment

Committee On Education and the Workforce
Postsecondary Education, Training
and Life-long Learning

HAND DELIVERED

Nathan Deal
Congress of the United States
9th District of Georgia

Suite 108, The Hunt Tower
200 Main Street
Mailing address: P.O. Box 1016
Gainesville, Georgia 30503
phone: (770) 535-2692
fax: (770) 535-2766

Suite 108
415 E. Walnut Avenue
Dalton, Georgia 30721
phone: (706) 226-5320
fax: (706) 278-0840

Suite 102
108 W. Lafayette Square
LaFayette, Georgia 30728
phone: (706) 638-7042
fax: (706) 638-7049

May 22, 1997

Clerk of the House
Robin Carle
Legislative Resource Center
B-106 Cannon
Washington, DC 20515

97 MAY 22 AM 11:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

✓ MC

RE: Financial Disclosure Statement for Calendar Year 1995

Dear Clerk Carle:

It has been called to my attention that an asset was omitted from my 1995 Financial Disclosure Statement. That statement should be amended to show under Schedule III an asset stock in Gainesville Bank & Trust of a value of $1,001 - 15,000 with dividends in the amount of $201-$1,000.

Please consider this as an amendment to the Financial Disclosure Statement for 1995, since it was inadvertently omitted.

Respectfully,

Nathan Deal

Nathan Deal

ND:sag

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

HAND DELIVERED (9)

97 MAY -7 AM 11:37

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC
(Office Use Only)

Peter A. DeFazio
(Full Name)

2134 RHOB
(Mailing Address)

Wash D.C. 20515

202 225 6416
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: OR District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Peter A. DeFazio

DATE (Month/Day/Year): 7 May 97

Name	DeFazio	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Kaane State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. GOVERNMENT	SELF SALARY	
	CITY OF EUGENE OR	SPOUSE SALARY	
	UNIVERSITY OF OREGON	SPOUSE SALARY	

For payments to charity in lieu of honoraria, use Schedule II.

Name DeFazio | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DeFazio

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SELF	FERS DeFerred Comp Acct					X																	N/A						MONTHLY CONTRIBUTION
SELF	IRA Self Directed, Bidwell Co		X										X		X	X				X									
SP	IRA Berger 100 Fund			X									X		X	X					X								MONTHLY CONTRIBUTION
SP	Berger 100 Fund		X										X		X	X				X									"
SP	Deferred Comp Valic			X																			N/A						"
SP	Deferred Comp PEBSCO			X																			N/A						"

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
Self	IRA Details (Bidwell Co.)																												
	QMS Stock	X																	X										
	Money Market	X													X				X										
	Bell Sports Stock	X																	X										
	Crabbe Huson Special Fund		X										X			X			X										
Self	Oakmark Fund		X										X			X					X								
Self	Dominion Resources Stock		X										X							X									

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SCHEDULE IV — TRANSACTIONS

Name DeFazio

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
SP	BERGER 100 FUND	X				X									
SP	BERGER 100 IRA Self Directed	X				X									
SELF	OAKMARK FUND			X		X									
SELF	OAKMARK SMALL CAP FUND			X		X									

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Name DeFazio | Page 2 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	COUNTRYWIDE FUNDING	1/2 INTEREST MORTGAGE		X								
		53880 PINEGROVE Rd										
		LAPINE OR										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more then $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Citizens For Health	March 15-18	D.C. → Anaheim Ca → D.C.	Y	N	Y	2 Days
	Foundation For The Advancement of Innovative Medicine Education Fund Inc.	March 22-23	D.C. → N.Y.C → D.C.	Y	Y	N	N

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Name	DoFq210	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

(11)

97 MAY 15 AM 9:36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996	Form A For use by Members, officers, and employees

Diana Louise DeGette
(Full Name)

1404 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-4431

Filer Status	[X] Member of the U.S. House of Representatives	State: CO District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		N/A
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		N/A
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Diana DeGette

DATE (Month/Day/Year): 5-14-97

Name Diana Louise DeGette	Page 2 of 11

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Law Office of Diana DeGette	Law practice	$50,017
	State of Colorado	Legislative salary	$20,966
	VanderWerf & Lipinsky, P.C.	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

N/A

Name Diana Louise DeGette | Page 3 of 11

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	N/A			$

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20		BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Walt Disney Co. Common stock (IRA)	$15,001 - $50,000	Dividends	None - $200	
SP	Diagnostic Products Corp. Common stock (IRA)	$1,001 - $15,000	Dividends	None - $200	
SP	Morrison Knudsen Corp. (IRA)	$1,001 - $15,000	Dividends	None - $200	
SP	VanderWerf & Lipinsky, P.C.				
	(ownership interest)	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	VanderWerf & Lipinsky, P.C.				
	Profit-sharing plan (managed by Wagner Investment Management, Inc.)	$15,001 - $50,000			
SP	VanderWerf & Lipinsky, P.C. Pension plan (same manager)	$15,001 - $50,000			

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Fidelity Cash Reserves (IRA)	None - $1,000	Dividends	None - $200	
	Public Employees Retirement Assn. (PERA)-retirement acct	$15,001 - $50,000	Dividends		
	Law office of Diana DeGette (ownership interest)	$15,001 - $50,000			
	Woolworth Corp. Common stock (IRA)	$1,001 - $15,000	Dividends	None - $200	
	Fedelity cash reserves - IRA)	$1,001 - $15,000	Dividends	None - $200	
JT	Fidelity Magellan Fund	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S
JT	Colorado National Bank	$1,001 - $15,000	Interest	None - $200	
SP	Fidelity Magellan Fund (IRA)	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Fidelity Magellan Fund	Sold	07-08-96	$1,001 - $15,000
JT	Fidelity Magellan Fund	Sold	11-19-96	$1,001 - $15,000
SP	As part of Morrison Knudsen Corp Reorg., exercised right to purchase shares of MK Rail Corp. and Morrison Knudsen Comb. Ser. A (IRA)			
		Purchase	09-26-96	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Norwest Bank Colorado, N A.	Business line of credit	$15,001 - $50,000
SP	Bank of Denver	Business line of credit	$15,001 - $50,000
JT	First Card	Revolving charge account	$10,001 - $15,000

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		$
	n/a	

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
N/A						

N/A

Name Diana Louise DeGette	Page 10 of 11

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Sole proprietor Law office of Diana DeGette	
Director (unpaid) Planned Parenthood of the Rocky Mountains.	

Name Diana Louise DeGette	Page 11 of 11

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: futura employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
	N/A	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 4:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(11)

HAND DELIVERED
(Office Use Only)

William David Delahunt
(Full Name)

1517 Longworth House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone: 202-225-3111

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[X]	No	[ ]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	[ ]	No	[X]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[ ]	No	[X]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[X]	No	[ ]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[ ]	No	[X]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[X]	No	[ ]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[ ]	No	[X]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes	[ ]	No	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See S U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: William D. Delahunt

DATE (Month/Day/Year): 5/15/97

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts Office of the Norfolk District Attorney Dedham, Massachusetts	Salary	$95,709

For payments to charity in lieu of honoraria, use Schedule II.

Name William David Delahunt | Page 3 of 11

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	N/A			$

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Loan Receivable From Farrington Acq. Realty Trust	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Commonwealth of Massachusetts Retirement System	$100,001 - $250,000	Interest	$2,501 - $5,000	
	Commonwealth of Massachusetts Deferred Compensation Plan	$250,001 - $500,000	Interest, Capital Gains	$5,001 - $15,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	N/A			

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Wendover Funding, Greensboro, N.C.	Mortgage on 9 Ketch Lane, Quincy, MA	$100,001 - $250,000
	First N. H. Bank of Lebanon, Lebanon, N.H.	Mortgage on Condo Unit 5-D Quechee, Vermont	$15,001 - $50,000
	First Trade Union Savings Bank, Boston, MA	Guarantor of mortgage on 24 Washburn Ave., Cambridge, MA	$100,001 - $250,000
	First Trade Union Savings Bank, Boston, MA	Mortgage on various condo units - please see attached for details	$250,001 - $500,000

Schedule V - Liabilities

FIRST TRADE UNION SAVINGS BANK

Address and Description of Property
(all units are apartment-style condominiums)

1999 Commonwealth Avenue, Brighton, MA - #4

1999 Commonwealth Avenue, Brighton, MA - #24

2001 Commonwealth Avenue, Brighton, MA - #18

2001 Commonwealth Avenue, Brighton, MA - #19

2001 Commonwealth Avenue, Brighton, MA - #31

2003 Commonwealth Avenue, Brighton, MA - #5

2003 Commonwealth Avenue, Brighton, MA - #22

2003 Commonwealth Avenue, Brighton, MA - #29

15 Parkvale Avenue, Brighton, MA - #2B

15 Parkvale Avenue, Brighton, MA - #5

15 Parkvale Avenue, Brighton, MA - #6

15 Parkvale Avenue, Brighton, MA - #7

15 Parkvale Avenue, Brighton, MA - #8

Notes:

- Underlying assets (ownership of the condominiums) previously transferred by Mr. Delahunt to Triplet Irrevocable Trust, but the liability remained with him.
- In January 1997, Mr. Delahunt's liability was extinguished, as the Trust legally assumed the relevant mortgage as well as ownership of the underlying assets.
- The beneficiaries of the Trust are Mr. Delahunt's former wife and two adult children.

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.
Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.
For further information, see instructions, pages 22-24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		$

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	N/A						

Name William David Delahunt	Page 10 of 11

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member, Board of Directors	Massachusetts Association for Mental Health
District Attorney	Commonwealth of Massachusetts, Norfolk County

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, pages 26-27.

Date	Parties To	Terms of Agreement
	N/A	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(10)

Rosa L. DeLauro
(Full Name)

49 Huntington Street
New Haven, CT 06511
(Mailing Address)

(202) 225-3661
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file, this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 15, 1997

Name Rosa L. DeLauro	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Greenberg Research, Inc.	Spouse Salary	N/A
	The American Prospect	Spouse Honorarium	$750

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D	I None – $200	II $201 – $1,000	III $1,001–$2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP	Examples: SP Mega Corp. Stock				X									X							X										P
DC	Examples: 123 Main St., Dover, Del.							X							X												X				
JT	Examples: 1st Bank of Paducah, KY accounts					X										X							X								
JT	Political Properties General Partnership (30% owner)					X								Partnership Statement I							Income X										
SP	(4750 Shares) Greenberg Research, Inc.				X									Statement II							X										
JT	Horizon Towers & Executive House (½ of 1 share own 1.2375%)			X										Statement III																	
	Holding New Haven 124 Units 5 Acres																														
	Colonial Executive Limited Partnership																														
SP	Merrill Lynch Profit Sharing Greenberg Research, Inc.					X								X							N/A										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
SP	TIAA/CREF Pension Plan	D: $50,001 – $100,000	DIVIDENDS	I: None – $200; II: $201 – $1,000	
	TIAA/CREF Pension Plan	D: $50,001 – $100,000	DIVIDENDS	I: None – $200; II: $201 – $1,000	
JT	Sequoia National Bank Washington, DC	B: $1,001 – $15,000	INTEREST	II: $201 – $1,000	
SP	Sequoia National Bank Washington, DC Savings-P/R	B: $1,001 – $15,000	INTEREST	I: None – $200	
SP	Sequoia National Bank Washington, DC Savings - HI	B: $1,001 – $15,000	INTEREST	I: None – $200	
JT	Fleet BAnk - Savings Connecticut	A: None – $1,000	INTEREST	I: None – $200	
	Ted DeLauro Scholarship Fund Fleet Bank, CT	B: $1,001 – $15,000	INTEREST	I: None – $200	
	Following assets in Joint name with my mother, Louisa DeLauro, for estate planning purposes only. Assets are under control of and all income is reported by joint tenant Louisa DeLauro:				
	1. Savings Account	D: $50,001 – $100,000	INTEREST	II: $201 – $1,000	
	2. Franklin Federal Tax Free Fund	C: $15,001 – $50,000	DIVIDENDS	II: $201 – $1,000	
	3. Dreyfus Capital Value Fund	B: $1,001 – $15,000	DIVIDENDS	I: None – $200	

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Rosa L. DeLauro

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	None														

This page may be copied if more space is required.

Name Rosa L. DeLauro | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Sequoia National Bank	Mortgage on rental property-515 Second St.W	DC			X						
SP	Colorado Student Loan	Parent-Student College Loan PO Box 1649 Denver,	X CO									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Citizens Action	3/8-9/96	WDC - Los Angeles - WDC	N	N	N	N
	Hollywood Women's Political Committee	10/10-12/96	NY-Los Angeles-NY	N	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Fellow	Timothy Dwight College - Yale University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, Schedule III, Page 4
Political Properties General Partnership

1996 D.C. Assessed Value = $555,500; 30% share $166,650.
No net income

Statement II, Schedule III, Page 4
Greenberg Research, Inc.

Shares value based on net book value of incorporation at 12/31/96.

Statement III, Schedule III, Page 4
Colonial Executive Limited Partnership (Ownership share = 1.2375%)

Assessed value $3,045,000 * .012375 share = $37,682 (gross value)
Letter from attorney setting out outstanding mortgage and resale value; net value = 0

Litigation settlement income received - $300

436 Cannon Building
Washington, DC 20515-0703
(202) 225-3661

59 Elm Street
Second Floor
New Haven, CT 06510
(203) 562-3718

Killingworth/Clinton
(203) 669-1181

Stratford
(203) 378-9005

INSIDE MAIL

Chief Deputy Whip

Committee on Appropriations

Subcommittees
Labor, Health and Human Services, and Education

Agriculture, Rural Development
Food and Drug Administration
and Related Agencies

United States
House of Representatives

ROSA L. DeLAURO
3d District, Connecticut

97 JUN -4 PM 11:29
U.S. House of Representatives
Clerk

June 4, 1997

Ms. Janice Glosson
Legislative Resource Center
Cannon B-106
Washington, DC 20515

1
MC

Dear Ms. Glosson:

I am writing to make the following amendments to my 1997 financial disclosure statement.

In Schedule III under assets and unearned income, 4,750 shares of Greenberg, Inc., should be valued between $250,001 -- $500,000. The box for $50,000 -- $100,000 was checked on the original filing. The shares value is based on net book value of the corporation and officer-shareholder compensation as of 12/31/96.

Also, under Schedule III, the joint savings account of Rosa and Louisa DeLauro is with the New Haven Savings Bank in New Haven, Connecticut. The name and city of the bank were not included in the original filing.

Finally, the 515 Second Street asset is listed on Schedule III as Political Properties -- general partnership. The Partnership income includes rent on the building (see ref. Schedule 5 on mortgage).

Please feel free to contact Maura Keefe (5-3661) in my office should you have any questions. Thank you.

Sincerely,

Rosa L. DeLauro

Rosa L. DeLauro
Member of Congress

PRINTED ON RECYCLED PAPER

(5)

97 MAY 15 PM 5:29

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Thomas Dale DeLay
(Full Name)

US Capitol, H-107
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202.225.0197

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 22	[ ] Officer or Employee	Employing Office.	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

EXEMPTION--Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom DeLay

DATE (Month/Day/Year): 5-15-97

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Republican National Lawyers Association, Washington, DC	Speech	3/22/96	$ 50
American Council for Capital Formation, Washington, DC	Speech	4/23/96	$ 1,000
American Society of Anesthesiologists, Washington, DC	Speech	6/10/96	$ 2,000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
SP Exxon	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA
JT Albo Pest Control	$50,001 - $100,000	Dividends	$15,001 - $50,000	NA

Name Thomas Dale DeLay | Page 4 of 5

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Polyconomics, Inc.	May 3 - 6	WDC-Castle Harbour-WDC	Y	Y	N	No
Asia Pacific Exchange Fdn.	Dec. 2-13	WDC-China-Hong Kong-Myanmar-Singapore-WDC	Y	Y	Y	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Chairman	ARMPAC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:16

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

Ronald V. Dellums
(Full Name)

2108 Rayburn HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-2661

Filer Status	[X] Member of the U.S. House of Representatives — State CA District 9th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ronald V. Dellums

DATE (Month/Day/Year): 5/15/97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Washington & Christian	Spouse Salary	N/A
	U. S. Department of Commerce	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 5:35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Peter Russell Deutsch
(Full Name)

PO Box 817684
Hlwd., Fla. 33081
(Mailing Address)

Daytime Telephone
954-437-3936

Filer Status	☑ Member of the U.S. House of Representatives — State: Florida, Distrct: 20	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Pete Deutsch

DATE (Month/Day/Year): 5/13/97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Peter Deutsch

Page 2 of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If so so choose, you mey indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing e brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dovar, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
-	4350 Pine Island Rd; Davie, Fla.					X										X									X				"S (part)
-	Smith Barney Acct; Sunrise Fla.				X										X						X								
JT	Merrill Lynch Acct; Sunrise, Fla.		X												X				X										
-	Sunrise, Florida, Mortgage						X								X														P (additional part)
-	Standing Springs, Greenville, S.C. Limited Partnership		X												XX				X										P
-	IRA - Smith Barney Money Funds		X												X														

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Deutsch

Page 3 of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	IRA - New America High Income Fund			X									X		X	X			X/4										
	IRA - Pilgrim Prime Rate Fund		X										X		X	X			X/4										
	IRA - Van Kampen Merritt		X												X				X/4										
	IRA - Van Kampen Merritt LTD/Inter		X										X		X	X			X/4										
	IRA - Zenix Income Fund			X									X		X	X			X/4										
	IRA - Tiger Sir			X											X	X			X/4										
	IRA - John Hancock Special Opportunities Fund			X									X		X	X			X/4										P (addition)
	IRA - GT Global Health Care		X	X									X		X	X			X/4										
	IRA - GT Global Telecommunications		X	X									X		X	X			X/4										
	IRA - Oppenheimer High Yield Fund			X									X		X	X			X/4										
	Thrift Saving Plan - C-Fund			X									X		X	X			X/4										P
	1st Union CD, Miami, Fla.			X											X						X								
	CD, Suncoast Saving, Hlwd, Fla.		X												X					X									
DC	Smith Barney Act., Ft. Lauderdale, Fla.	X													X					X									
DC	Mortgage, 312 NW 47th Ave., Plan, Fla.		X												X						X								S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 4 of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
DL	Mortgage, Sunrise, Fla.				X										X								X						S
DL	4350 S. Pine Island Rd.; Davie, Fla.					X										X							X						S (part)
DL	T. Rowe Price, Balanced Fund		X										X		X	X				X									
DL	Standing Springs, Greenville, S.C. (Limited Partnership)					X									X	X			X										P
DL	Air Express International, Stock			X									X			X			X										
SP	Food Court Entertainment Networks Inc. Stock		X										X			X			X										P/S
SP	Information Management Technologies, Stock		X										X			X			X										
SP	IRA - American Bio Medica Corp; Stock	X	X										X			X			n/a										P/S
SP	IRA - Health & Retirement Properties; Stock		X										X			X			n/a										
SP	IRA - Imp Inc.; Stock		X										X			X			n/a										P
SP	IRA - IVAX; Stock		X										X			X			n/a										
SP	IRA - MBNA; Stock		X										X			X			n/a										P
SP	IRA - Medplus Corp; Stock	X											X			X			n/a										
SP	IRA - Top Source Technologies; Stock	X											X			X			n/a										
	950 S. Flamingo Rd.; Davie, Florida (Trans)		X													X			X										

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SCHEDULE IV — TRANSACTIONS

Name Peter Deutsch

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
	4350 Pine Island Rd.; Davie, Fla.		X		6/12/96				X						
DC	4350 Pine Island Rd.; Davie, Fla.		X		6/12/96			X							
	IRA - John Hancock Special Opportunities Fund	X			11/11/96	X									
SP	Food Court Entertainment Networks Inc.; Stock	X			10/24/96	X									
SP	Food Court Entertainment Networks Inc.; Stock		X		10/10/96	X									
SP	Food Court Entertainment Networks Inc.; Stock	X			10/10/96	X									
SP	Video Update Inc.; Stock		X		10/10/96	X									
SP	IRA - Medicis Pharmaceutical Corp; Stock		X		3/4/96	X									
SP	IRA - MBNA Corp ; Stock	X			3/5/96	X									
SP	IRA - Cheesecake factory Inc; Stock		X		5/1/96	X									
SP	IRA - American Bio Medica Corp; Stock	X			4/30/96	X									
SP	IRA - Cheesecake Factory Inc.; Stock		X		6/11/96	X									
SP	IRA - GT Global Emerging Market-Telecommunications		X		6/11/96	X									
SP	IRA - IMP Inc. ; Stock	X			6/11/96	X									
SP	IRA - Stryker ; Stock		X		6/11/96	X									
SP	IRA - American Bio Medica Corp; Stock		X		7/12/96	X									

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Name Peter Deutsch | Page 6 of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
(1)	National Institute of Judaism and Medicine	4/28-29	Ft Lauderdale, Florida – N.Y., N.Y. – Ft Lauderdale, Fla.	Y	Y	N	N
(2)	American Israel Public Affairs Committee	6/9	Ft. Lauderdale, Fla – Orlando, Florida – Ft. Lauderdale, Florida	N	Y	N	N

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97 JUN -4 PM 3:24

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Peter Deutsch
P.O. Box 817689
Hollywood, Florida 33081

HAND DELIVERED

1

✓

MC

The Clerk of the House
Office of Records and Registration
Cannon House Office Building
Washington, D.C. 20515

Dear Sir,

This letter serves as an amendment to my 1995 and 1996 Financial Disclosure Statements.

(1)The mortgage on 312 NW 47th Ave.; Plantation, Florida was partially repaid in 1995;

(2)The GT Global mutual fund held in my wife's IRA in 1995 and sold in 1996 was GT Global Emerging Markets; and

(3)The 1995 disclosure should have have shown a dependent child asset of Air Express International Stock valued between $15,000 and $50,000; type of income as dividends and capital gains; and amount of income between $0 and $200.

Sincerely,

Congressman Peter Deutsch

PRD/jed

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 APR 25 PM 1:01

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

9

MC (Office Use Only)

Lincoln Diaz-Balart
(Full Name)

8525 N.W. 53rd Terrace, Miami, Florida 33166
(Mailing Address)

(305) 470-8555
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: FL District: 21	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 4-22-97

872

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hamilton Bank, N.A., Miami, Florida	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Lincoln Diaz-Balart | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lincoln Diaz-Balart

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP	*Examples:* Mega Corp. Stock				X								X		X									P
	Examples: 123 Main St., Dover, Del.							X						X						X				
	Examples: 1st Bank of Paducah, KY accounts					X									X									
JT	6920 SW 94th Avenue Miami, Florida 33173 (and personal possessions)						X																	
JT	900 N. Stafford St., Arlington, VA (and personal possessions)					X																		
	Fidelity Puritan Fund (IRA)		X										X	N/A - IRA										
	The New England (life insurance policy)	X											X		X									
SP	Correspondent Services Corporation (self-directed IRA)		X											X										
SP	Phillips Petroleum (common stock)		X										X	X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lincoln Diaz-Balart

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Lincoln Mark VII (car) 1988		X																									
SP	Citibank Savings Account		X												X				X									

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SCHEDULE IV — TRANSACTIONS

Name Lincoln Diaz-Balart

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
	N/A														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Deleware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Republic Bank	Mortgage 6920 S.W. 94 Ave. Miami, FL 33173				X						
JT	GMAC Mortgage	Mortgage 900 N. Stafford Arlington, VA			X							
JT	Barnett Bank	Line of Credit	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waivar received from Committee on Stenderds)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Cena Martiana Casa Jose Marti	Jan 28-29	Miami, FL - San Juan, PR - Miami, FL	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
N/A		

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

Jay W. Dickey, Jr.
(Full Name)

#47 Southern Pines, Pine Bluff, AR 71603
(Mailing Address)

(202)225-3772
Daytime Telephone

MC MAY 14 1997
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/12/97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jay W. Dickey, Jr.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mege Corp. Stock			X									X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Wal-Mart Stores, Inc. Stock					X							X								X								S
	Dickey Real Estate, P.A. Stock						X						X						X										
	GRQ, Inc. Stock							X					X										X						
	RahRah, Inc. Stock	X																	X										
	JWDJR, Inc. Stock	X																	X										
	NoteRec-Dickey Real Estate, P.A.	X													X					X									

Examples:

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay W. Dickey, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	Note Rec-GRQ, Inc.					X									X								X						
	Metropolitan Life Insurance Annuity		X												X						X								
	(744 Shares of Wal-Mart Stock) Self-Directed IRA-Boatmens			X									X		X				X										
	Leasehold Interest in Cottage Ludington, Michigan					X								X									X						
	Land located at 28th + Olive Streets Pine Bluff, Arkansas					X								X											X				
	1.09 acres lot Blake + Mitchell Streets Pine Bluff, Arkansas				X														X										
	1.82 acres lot Blake + Mitchell Streets Pine Bluff, Arkansas				X									X										X					
	Residential Rental Property 512 W. 27th, Pine Bluff, Arkansas			X										X						X									
	1/4 Interest Land + Bldg 5th + Walnut, Pine Bluff, Arkansas				X									X									X						
	1/2 Interest Land 9 acres Jefferson County, Arkansas		X																X										
	1/4 Interest Land 60 acres Jefferson County, Arkansas		X																X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Jay W. Dickey, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10–12–96		X								
	Wal-Mart Stores, Inc. Stock		X		05-22-96				X						

This page may be copied if more space is required.

Name Jay W. Dickey, Jr. Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Betty C. Dickey, Pine Bluff, Arkansas	Mortgage on 2710 Olive, Pine Bluff			X							
	Betty C. Dickey, Pine Bluff, Arkansas	Unsecured Note		X								
	GRD, Inc., Pine Bluff, Arkansas	Unsecured Note						X				
	Simmons First Nat'l Bank, Pine Bluff, Arkansas	Line of Credit secured by Wal-Mart Stores, Inc. Stock		X								
	Dickey Real Estate, P.A., Pine Bluff, Arkansas	Unsecured Note					X					
	Boatmen's Bank, Pine Bluff, Arkansas	Line of Credit secured by Wal-Mart Stores, Inc. Stock			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Jay W. Dickey, Jr. | Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position *	Name of Organization
Director	Dickey Real Estate, P.A.
Director	JWDJR, Inc.
Director	GRQ, Inc.

* Note: None of these directorships are compensated positions.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

887

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 12: 31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(1)

MC
(Office Use Only)

Rep. Norman D. Dicks
(Full Name)

2467 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5916

Filer Status	[X] Member of the U.S. House of Representatives	State: WA District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Norman D. Dicks

DATE (Month/Day/Year): 5/14/97

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. CAPITOL HISTORICAL SOCIETY	SPOUSE SALARY	NA
	WASHINGTON, INC	SPOUSE - PANEL DISCUSSION	$500.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
Joint Federal Services Academies		guest speaker	10/29/96	$ 200
Alumni Asoc. Puget Sound Chapter				$
Bellevue, WA				$

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, *Examples.* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	924 SHOREWOOD DR, BREMERTON, WA	$50,001 - $100,000	Rent	$5,001 - $15,000	
SP	MASSACHUSETTS MUTUAL LIFE INS, SPRINGFIELD, MA IRA	$1,001 - $15,000	NA	NA	
	MASSACHUSETTS MUTUAL LIFE INS, SPRINGFIELD, MA IRA	$15,001 - $50,000	NA	NA	
SP	ALLIANZ LIFE INS OF NORTH AMERICA, MINNEAPOLIS, MN IRA	$1,001 - $15,000	NA	NA	
	ALLIANZ LIFE INS OF NORTH AMERICA, MINNEAPOLIS, MN IRA	$1,001 - $15,000	NA	NA	
SP	MERRILL LYNCH CASH MANAGEMENT FUND, VIENNA, VA INHERITANCE	$1,001 - $15,000	Dividends	$1,001 - $2,500	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	SOUTHWEST SECURITIES INC, DALLAS, TX	$1,001 - $15,000	Dividends	None - $200	S
DC	NATIONAL BANK OF BREMERTON, BREMERTON, WA	$1,001 - $15,000	Interest	$201 - $1,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
DC	SOUTHWEST SECURITIES INC, DALLAS, TX	Sold	12/20/96	$1,001 - $15,000

Name Rep. Norman D. Dicks | Page 7 of 7

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce Mega Corporation	Mar.2 Aug.6-13	Wash., D.C.-Chicago-Wash., D.C. Wash., D.C.-Los Angeles-Cleveland	N Y	N Y	N Y	N 4 Days
PORT BLAKELY TREE FARMS	6/19/96	TACOMA, WA-PORT BLAKELY, WA-TACOMA, WA --BRIEFING AND VIEWING OF HABITAT CONSERVATION PLAN	N	N	N	N
THE ASPEN INSTITUTE	4/9/96 - 4/14/96	DC-ROME, ITALY-DC CONGRESSIONAL PROGRAM, RELATIONS BETWEEN U.S & RUSSIA. A MEETING OF THE LEGISLATIVE BRANCHES	Y	Y	Y	N
GENERAL AVIATION MANUFACTURERS ASSOCIATION	11/8/96-11/9/96	SEATTLE, WA-DANA POINT, CA SPEAKER AT BOARD OF DIRECTOR'S MEETING	Y	Y	N	N

(10)

97 MAY 15 AM 9:59

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

JOHN D. DINGELL
(Full Name)

2328 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-4071

Filer Status	[X] Member of the U.S. House of Representatives	State: Michigan District: 16	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

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SIGNATURE OF REPORTING INDIVIDUAL — John D. Dingell

DATE (Month/Day/Year) 5/15/97

Name	JOHN D. DINGELL	Page 1 of 15

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	General Motors Corporation	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
Edison Electric Institute	Speech	March 21, 1996	$1,000
Congressional Roundtable	Speech	April 18, 1996	$2,000
Federal Energy Bar Association	Speech	May 9, 1996	$1,000
The Connell Company	Speech	May 20, 1996	$2,000
Nuclear Energy Institute	Speech	May 31,1996	$2,000
Executive Enterprises	Speech	June 6, 1996	$1,000
American Society of Anesthesiologists	Speech	June 10, 1996	$2,000
Computer and Communications Industry Assoc.	Speech	June 10, 1996	$2,000
American Group Practice Association	Speech	Sept. 10, 1996	$2,000
American Council for Capital Formation	Speech	Sept. 11, 1996	$2,000
Bryce Harlow Foundation	Speech	Oct. 1, 1996	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN D. DINGELL

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X						X								
	See attached sheets																												

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	see attached sheets														

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SCHEDULE IV - TRANSACTIONS

	Asset	Type of Transaction	Date	Amount
	Smith Barney Appreciation Fund CL B	received in exchange for Smith Barney Aggressive Growth Fund CL B	9/5	less than $1000
	Smith Barney Appreciation Fund CL A	received in exchange for Smith Barney Aggressive Growth Fund CL A	9/4	B
JT	Acorn Funds	purchase	4/29	B
	Davis New York Venture	purchase	3/7 6/25	 B
	Heartland Value Fund	purchase	2/5 5/13 5/14 7/1 7/30 9/9 10/28 11/20 11/22 12/23	 B
	Stein Roe Mutual Funds	purchase	6/4	B
	UTS Equity Income Fund Dow 96C	purchase	9/17	C

SCHEDULE IV - TRANSACTIONS

	Asset	Type of Transaction	Date	Amount
	Mutual Beacon	purchase	2/26 3/18	B
	Smith Barney Special Equities Fund CL A	received in exchange (partial) exchange for Smith Barney Apprecia-tion Fund CL A	4/23	B
	Dow Chemical	purchase	2/29	B
	Fluor Corp De	purchase	2/29	B
	Pall Corp	purchase	4/10	B
	TCI Satellite Entmnt Inc	purchase	2/29	less than $1000
	Tambrands Inc	purchase	4/10	B
	Tele Commns Inc New	purchase	2/29	less than $1000
S	Electronic Data Sys Corp New	received in exchange for GM Corp CL E	6/1	
	Smith Barney Appreciation Fund CL A	exchanged (partial) for Smith Barney Special Equities Fund CL A	4/23	B
	America First Finl Fund	sale	2/29	B
	Boeing Co	sale	4/10	B

FINANCIAL DISCLOSURE STATEMENT FOR 1996

SCHEDULE IV - TRANSACTIONS

	Asset	Type of Transaction	Date	Amount
	GTE Corp	sale	2/29	B
JT	CGM Mutual	sale	5/15	B
JT	Smith Barney Aggressive Growth Fund CL A	exchanged for Smith Barney Appreciation Fund CL A	9/4	B
S	Crystal Brands	expired - worthless	11/13	
S	General Motors Corp CL E	exchanged for Electronic Data Sys Corp New	6/1	
	UTS Uncommon Value UT #94-A Series	sale	9/4	C
JT	Crabbe Huson Special Fund	sale	2/2	B
JT	Smith Barney Aggressive Fund CL B	exchanged for Smith Barney Appreciation Fund CL B	9/5	less than $1000
S	UTS GMAC Def Int Deb-Principl	sale	'6/7	B
	Dow Chemical	sale	5/9	B

SCHEDULE IV - TRANSACTIONS

Cabin at 676 Kern Mountain Lane in New Market, VA --not income producing property	sale	8/26	E
(50 acres of property deeded to US Forest Service, US Department of Agriculture as gift prior to sale of cabin)	gift to US Forest Service of US Dept of Agriculture	12/29/95	E
Deposit on Lot 16/17 Mallard Hill Farm, Eastern Shore, Maryland (sale not closed until 1997)	purchase	9/25 11/20	B B

FINANCIAL DISCLOSURE STATEMENT FOR 1996

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	Asset	Value	Type	Income Amount	Transaction
JT	Smith Barney Appreciation Fund CL B	B	dividends capital gains	II	received in exchange for Smith Barney Aggressive Fund CL B
JT	Smith Barney Money Funds, Inc. Cash Portfolio CL A	C	dividends	II	
	Balcor Equity Pension Investors-keogh	not valued	other income	II	
	Smith Barney Appreciation Fund CL A	C	dividends capital gains	IV	received in exchange for Smith Barney Aggressive Growth Fund CL A; exchanged (partial) for Smith Barney Special Equities Func CL A
	Allied Cap Coml Corp	C	dividends	III	
	America First Finl Fund 1987-A Ltd Partnership Ben Unit CT F	A	other income (unable to determine from statement whether interest or dividends)	I	S
	Bergstrom Cap Corp	B	dividends	II	
	Boeing Co	A	dividends	I	S
	GTE Corp	A	dividends	I	S
	Washington Real Est Inv Tr Sbi	B	dividends	II	
	Morgan JP & Co Inc. Zero Cpn	C	dividends	I	

FINANCIAL DISCLOSURE STATEMENT FOR 1996

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	Asset	Value	Type	Income Amount	Transaction
	Vista Mut Fd Group Growth & Income Fd	C	dividends capital gains	III	
JT	Vista Mutual Fund Group Cap Growth Fund	C	dividends capital gains	IV	
JT	Nicholas Fund, Inc. (IRA)	D	dividends capital gains	IV	
JT	Acorn Funds	C	dividends	IV	P
JT	Lindner Dividend Fund Inc.	C	dividends capital gains	IV	
JT	CGM Mutual Fund	A	dividends	I	S
	Gabelli Asset Fund	B	dividends	I	
JT	First Union Bank	B	interest	III	
S	National Bank of Detroit	B	interest	I	
	Municipal Bonds Oakland County, MI	B	interest	II	
JT	Smith Barney Aggressive Growth Fund CL A	A	dividends capital gains	I	exhanged for Smith Barney Appreciation Fund CL A
S	Crystal Brands	unpriced		none	11/13 exp/worthless

FINANCIAL DISCLOSURE STATEMENT FOR 1996

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	Asset	Value	Type	Income Amount	Transaction
S	General Electric Co	B	dividends	I	
S	General Mills Inc.	B	dividends	II	
S	General Motors Corp	C	dividends		
S	General Motors Corp CL E	A	dividends	I	exchanged for Electronic Data Sys New
S	General Motors Corp CL H	B	dividends	I	
S	K Mart Corp	B	dividends	I	
S	Marsh & McLennan Cos Inc	B	dividends	II	
S	Pepsico Inc	C	dividends	II	
S	Praxair Inc	B	dividends	I	
S	Procter & Gamble	B	dividends	I	
S	Union Carbide Corp	B	dividends	I	
S	Unisys Corp	B	dividends	I	
JT	Congressional Federal Credit Union	D	interest	II	
S	General Motors Deferred Savings Program	F			

FINANCIAL DISCLOSURE STATEMENT FOR 1996

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	Asset	Value	Type	Income Amount	Transaction
S	General Motors Pension Fund	N/A as pension is vested No actual value can be fixed			
S	Gabelli Value Fund Inc	B	dividends	III	
	GAM International Fund	B	dividends	I	
	Smith Barney World Funds Inc International Equity Port CL C	B	dividends capital gains	I	
	UTS Uncommon Value UT #94-A Series	A	dividends	I	S
JT	Crabbe Huson Special Fund	B	dividends capital gains	II	S
JT	Smith Barney Aggressive Growth Fund CL B	B	dividends capital gains	I	exchanged for S Appreciation Fu
S	Darden Restaurants	B	dividends	I	
S	UTS GMAC Def Int Deb - Principl	B			S
	Adams Express Co Maryland	C	dividends capital gains	II	
	FPA Capital Fund	C	dividends	III	

	Fannie Mae Remic	B	interest	II	
	Davis New York Venture Fund	C	dividends	III	P
	Seligman Frontier	B	capital gains	II	
	UTS Uncommon Value UT #95-A	C	dividends	I	
	High Income Opportunity Fd Inc	B	dividends	III	
	Salomon Bros Fund Inc	C	dividends capital gains	II	
JT	Dodge and Cox Stock Fund	B	dividends capital gains	II	
	Heartland Value Fund	C	dividends capital gains	II	P
JT	Mutual Qualified	D	dividends	V	
	Mutual Shares	B	dividends capital gains	II	
S	PBHG	C	dividends capital gains	I	
JT	Stein Roe Mutual Funds	B	dividends	I	P
	UTS Equity Income Fund Dow 96C	C	dividends	I	P
	Mutual Beacon	B	dividends capital gains	III	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	Asset	Value	Type	Income Amount	Transaction
	Smith Barney Special Equities Fund CLA	A	dividends	I	received in parti from sale of Smi Appreciation Fu
JT	First Virginia Bank - Blue Ridge	B	interest	I	
	Dow Chemical	A	dividends	I	P/S
	Fluor Corp De	B	dividends	I	P
	Pall Corp	B	dividends	I	P
	TCI Satellite Entmnt Inc	A	dividends	I	P
	Tambrands Inc	B	dividends	I	P
	Tele Commns Inc New	B	dividends	I	P
S	Electronic Data Sys Corp New	B	dividends capital gains	I	received in exch Motors Corp CL
	Cabin at 676 Kern Mountain Lane in New Mark, VA -- not income-producing property	E	capital gains	VI	S
	(50 acres of property deeded to US Forest Service, US Dept. of Agriculture as gift prior to sale of cabin)				

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Greater Detroit Chamber of Commerce	May 31-June 1	Detroit, MI - Mackinac Island, MI - Detroit,MI	Y	Y	N	N
	Michigan Association of Broadcasters	Aug.18-20	Detroit,MI - Mackinac Island,MI - Detroit,MI	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

JULIAN C. DIXON
(Full Name)

2252 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-7084

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 32	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[X]	No	[ ]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	[ ]	No	[X]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[X]	No	[ ]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[X]	No	[ ]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[X]	No	[ ]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[X]	No	[ ]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[ ]	No	[X]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes	[ ]	No	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Julian C. Dixon

DATE (Month/Day/Year) 5/15/97

Name JULIAN C. DIXON	Page 2 of 8

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Mir Kanon/Peideau, Inc., Los Angeles, CA	Spouse Salary/Director Fees	NA
	Lanta Concessiona	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name JULIAN C. DIXON | Page 3 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Industrial Bank of Washington, D.C.	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Mir Kanon/Peideau, Inc. (8.6% int.)	$250,001 - $500,000	Dividends	$100,001 - $1,000,000	
	Merrill Lynch MM (Cash Acct)	$250,001 - $500,000	Interest	$15,001 - $50,000	
	IRA/MLPFS - Self (Not self directed)	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	IRA-MLPFS - Spouse (Not self directed)	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	1299 Delaware Ave, SW, Washington, DC	$100,001 - $250,000	Rent	$5,001 - $15,000	
	Fidelity Fed. Bank, Culver City, CA - CDs & checking	$15,001 - $50,000	Interest	$2,501 - $5,000	
	5 Rare Coins	$1,001 - $15,000		None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Concourse Gift & News, Inc	$15,001 - $50,000		None - $200	
	T. Rowe Price GNMA Mutual Fund	None - $1,000	Interest	None - $200	S
	Note on 5709 Canterbury Dr., Culver City, CA (former personal residence)	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Lanta Concessions, Inc.	$250,001 - $500,000	Dividends	$5,001 - $15,000	
	8701 Chessington Dr., Inglewood, CA	$100,001 - $250,000		None - $200	
	Lanta Concessions - Note Receivable	$50,001 - $100,000	Interest	None - $200	

Name JULIAN C. DIXON | Page 5 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Queen City Bank - shares - BANK DISSOLVED -- LOSS OF FULL SHARE VALUE		04/01/96	$15,001 - $50,000
	T. Rowe Price GNMA Mutual Fund	Sold	05/15/96	$1,001 - $15,000
SP	Concourse Concessions, New Orleans, LA	Purchase	01/25/96	$1,001 - $15,000
SP	Concourse Concessions, New Orleans, LA	Sold	10/25/96	$1,001 - $15,000

Name JULIAN C. DIXON | Page 6 of 8

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	First Nationwide	Mortgage on 1299 Delaware Ave, SW, Wash. DC	$100,001 - $250,000
SP	SouthTrust Bank of GA.	Business Investment	$100,001 - $250,000
	Glendale Federal, Glendale, CA	Mortgage on 8701 Chessington Dr., Inglewood, CA	$100,001 - $250,000
	Loan against ML Money Market Cash Account Assets	Home Improvement	$50,001 - $100,000

Name JULIAN C. DIXON | Page 7 of 8

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Aspen Institute	March 7-9	DC-Hershey, PA-DC	Y	Y	N	N

Name JULIAN C. DIXON | Page 8 of 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director	Joint Center for Political & Economic Studies
President (spouse)	Peideau, Inc.
President (spouse)	Concourse Gift & News Inc.
VP/Secretary (spouse)	Lanta Concessions, Inc.
Trustee (spouse)	Otis Institute of Art & Design
Trustee (spouse)	Hugh O'Brien Youth Foundation (HOBY)
Board Member	CBC Foundation

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 AM 11:36

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(13)

HAND DELIVERED

MC

(Office Use Only)

Lloyd Doggett
(Full Name)

300 East 8th Street
(Mailing Address)

Austin TX 78701

Daytime Telephone: 202-225-4865

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Lloyd Doggett

DATE (Month/Day/Year): May 15, 1997

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Ocl. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. Department of Education	Spouse Salary	n/a
	J & E Associates; Silver Springs, MD.	Spouse Consulting Fees	$1280
	Texas ERS	Annuity	$2094

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	6734 Spicewood Springs, Austin, TX	$250,001 - $500,000	Rent	$15,001 - $50,000	Acreage Increased by parent's gift
	Lohman's Ford Crossing Rd., Travis County, TX	$15,001 - $50,000		None - $200	
	1510 Ullrich, Austin, TX (1/4)	$15,001 - $50,000	Rent	$1,001 - $2,500	
	508 Gatetree, Austin, TX (1/4)	$15,001 - $50,000	Rent	$1,001 - $2,500	
	Mineral Interest, McFarland Tract, Ward Co., TX	$1,001 - $15,000	Royalty	$201 - $1,000	
	Great Hall Money Market Shares	$100,001 - $250,000	Dividends	$5,001 - $15,000	
	Maytag Corp. Note Due 7/15/99	$100,001 - $250,000	Interest	$5,001 - $15,000	
	Household Fin. Note Due 2/15/96	None - $1,000	Interest	$2,501 - $5,000	Redemption
	Franklin Federal, Austin-Savings	None - $1,000	Interest	$5,001 - $15,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Guaranty Federal, Austin-Savings	$15,001 - $50,000	Interest	$201 - $1,000	
Boeing Co. Stock	$1,001 - $15,000	Dividends	None - $200	
Cross Timbers Oil Stock	$1,001 - $15,000	Dividends	None - $200	
Enserch Corp. Stock	$15,001 - $50,000	Dividends	None - $200	
Farah	$15,001 - $50,000		None - $200	
Fed. Natl. Mtg. Assn. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	S, P
IBM Stock	$100,001 - $250,000	Dividends	$1,001 - $2,500	P
Kirby Corp. Stock	$15,001 - $50,000		None - $200	
Nuveen Bond Fund Shares	$1,001 - $15,000	Dividends	None - $200	P
Oppenheimer Multi Sector Shares	$1,001 - $15,000	Dividends	$201 - $1,000	P
Whole Foods Stock	$50,001 - $100,000		None - $200	
TIAA-CREF Retirement	$1,001 - $15,000	Interest	$201 - $1,000	
Evergreen Global RE Shares	$100,001 - $250,000	Dividends	$201 - $1,000	S
Founders Growth Shares	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
Invesco Emerging Growth Shares	$50,001 - $100,000	Dividends	$2,501 - $5,000	S, P
Janus Twenty Fund Shares	$1,001 - $15,000	Dividends	$1,001 - $2,500	P
Neuberger Guardian Shares	None - $1,000	Dividends	$201 - $1,000	S
Price Science and Tech Shares	$100,001 - $250,000	Dividends	$15,001 - $50,000	P
Oakmark, Int. Shares	$100,001 - $250,000	Dividends	$2,501 - $5,000	P
Vanguard Trustees Int. Shares	$100,001 - $250,000	Dividends	$15,001 - $50,000	P, S
Charles Schwab Money Mkt. Shares	$100,001 - $250,000	Dividends	$201 - $1,000	P
Vanguard Money Mkt. Shares	None - $1,000	Dividends	$201 - $1,000	S
Vanguard Municipal Bond Fund (Money Mkt.)	$15,001 - $50,000	Dividends	$201 - $1,000	P
Charles Schwab Tax Exempt MM	$250,001 - $500,000	Dividends	$5,001 - $15,000	P

Name Lloyd Doggett | Page 5 of 15

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Chevron Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
Coca Cola Co. Stock	$50,001 - $100,000	Dividends	$201 - $1,000	
Driefontein Con Adr Stock	None - $1,000	Dividends	None - $200	
Exxon Corp. Stock	$15,001 - $50,000	Dividends	$1,001 - $2,500	
General Motors Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
First State Bank	$15,001 - $50,000	Interest	$201 - $1,000	
Horizon Bank	$100,001 - $250,000	Interest	$1,001 - $2,500	
Thornburg Mtg. Asset Corp.	$50,001 - $100,000	Dividends	$5,001 - $15,000	
Mutual of America 403B	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
Merchantile Bancorp	$15,001 - $50,000	Dividends	$201 - $1,000	
Microsoft Corp.	$50,001 - $100,000			
Motorola Inc.	$50,001 - $100,000	Dividends	$201 - $1,000	S, P
Oracle Corp.	$15,001 - $50,000			
Pfizer Inc.	$15,001 - $50,000			S
Schlotzskys Inc.	$1,001 - $15,000			P
United Health Care	$15,001 - $50,000	Dividends	None - $200	P
YPF Sociedad Anonima	$15,001 - $50,000	Dividends	$201 - $1,000	
Cypress-Frbnks TX Indep. School District Due 2/15/06	$1,001 - $15,000	Interest	$201 - $1,000	
Fort Bend TX Indep. School District Due 2/15/03	$1,001 - $15,000	Interest	$201 - $1,000	
Houston TX Indep. School District Due 8/15/11	$1,001 - $15,000	Interest	$201 - $1,000	
Lewisville TX Indep. School District Due 8/15/07	$15,001 - $50,000		None - $200	
INSD MUN INCM TR SR 86 UT SER 86 SEMI ANNU	$1,001 - $15,000	Dividends	$201 - $1,000	
INSD MUN INCM TR SR 110 SEMI ANNUAL VAN K	None - $1,000			Redemption
INSD MUNI INCM TR UNIT SR 200	$1,001 - $15,000	Dividends	$201 - $1,000	
INSD MUNI INCM TR SER 240	$1,001 - $15,000	Dividends	None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	TX INSD MUNI INCM TR SER 31	$1,001 - $15,000	Dividends	$201 - $1,000	
	AT & T	$15,001 - $50,000	Dividends	$201 - $1,000	
	Allied Signal Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
	American Brands Inc.	None - $1,000	Dividends	$201 - $1,000	S
	Burlington NTHN Santa Fe	$1,001 - $15,000	Dividends	None - $200	
	Edwards A G Inc. Holding	$1,001 - $15,000	Dividends	None - $200	
	El Paso Electric Co.	None - $1,000			
	General Motors Corp. CL H	$1,001 - $15,000	Dividends	None - $200	
	General Motors Class E	$1,001 - $15,000	Dividends	None - $200	Mandatory Exchange to EDS
	GTE Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	
	International Paper Co.	$1,001 - $15,000	Dividends	$201 - $1,000	
	Johnson & Johnson	$1,001 - $15,000	Dividends	None - $200	
	KMart Corporation	$1,001 - $15,000			
	Lab Corp of America Hldg	None - $1,000			
	Merck & Co. Inc	$50,001 - $100,000	Dividends	$201 - $1,000	
	PPG Industries	$15,001 - $50,000	Dividends	$201 - $1,000	
	SBC Communications	$1,001 - $15,000	Dividends	$201 - $1,000	
	Santa Fe Energy Res Inc	None - $1,000			
	Santa Fe Pacific Gold	$1,001 - $15,000	Dividends	None - $200	
	WMX Technologies Inc.	$15,001 - $50,000	Dividends	$201 - $1,000	
	21 12 Acres, Northern Dona Ana Cty., NM (1/24 Interest)	$1,001 - $15,000	Rent	None - $200	
	220 N Mesa, El Paso, TX (1/12 interest)	$15,001 - $50,000	Rent	$2,501 - $5,000	
	711 N. Piedras, El Paso, TX (1/12 interest)	$1,001 - $15,000	Rent	$1,001 - $2,500	
	Congressional Federal Credit Union	$50,001 - $100,000	Interest	$2,501 - $5,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

1/12 interest in note from Sam & Halim Kalleh	$1,001 - $15,000	Interest	$201 - $1,000	
1/4 est. undivided int. in Corpus of Mary S. Crowell Trust	$1,001 - $15,000	Interest	$1,001 - $2,500	
1/4 est. undivided interest in Estate of Catherine Belk	$15,001 - $50,000	Interest, Dividends	$5,001 - $15,000	
Applied Materials	$15,001 - $50,000			P
Dover Corp	$15,001 - $50,000	Dividends	None - $200	S, P
Lowes Companies Inc.	$15,001 - $50,000	Dividends	None - $200	S, P
Case Corp	$15,001 - $50,000	Dividends	None - $200	P
Compaq Computer Corp	$50,001 - $100,000			P
Dell Computer Corp	$15,001 - $50,000			P
Gap Inc	$15,001 - $50,000	Dividends	None - $200	P
Texas Instruments Inc	$50,001 - $100,000	Dividends	$201 - $1,000	P
Tidewater Inc.	$15,001 - $50,000	Dividends	$201 - $1,000	P
Invesco Balanced Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
Warburg Pincus Cap Apprec Fund	$100,001 - $250,000	Dividends	$15,001 - $50,000	P
Lucent Technologies	$1,001 - $15,000	Dividends	None - $200	AT&T Spinoff
Electronic Data Systems	$1,001 - $15,000			GM Exchange
NCR Corp	$1,001 - $15,000			AT&T Spinoff
Excel Commns Inc	$1,001 - $15,000			S, P
Twentieth Century Ultra Shares	$50,001 - $100,000	Dividends	$5,001 - $15,000	P
Strong Total Return Shares	None - $1,000	Dividends	$201 - $1,000	S
Mutual Shares Fund	$15,001 - $50,000	Dividends	$5,001 - $15,000	P
Vanguard Convertible Shares	$250,001 - $500,000	Dividends	$15,001 - $50,000	P
Vanguard Equity Inc. Shares	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
Vanguard LT Corp Shares	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Vanguard Trustees US Shares	$250,001 - $500,000	Dividends	$5,001 - $15,000	S
	Vanguard Int Growth Shares	$250,001 - $500,000	Dividends	$15,001 - $50,000	P
	Vanguard Wellsley Shares	None - $1,000		None - $200	S
	Frost Bank, San Antonio	None - $1,000	Interest	$201 - $1,000	
	Vanguard US Growth	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	P
	Call Tidewater Inc		Option Contract Price	$1,001 - $2,500	
	Call Tex Instruments		"	$1,001 - $2,500	
	Call Tex Instruments		"	$201 - $1,000	
	Call Dell Computer		"	$5,001 - $15,000	
	Call Tidewater		"	$1,001 - $2,500	
	Call Kirby Corp		"	$1,001 - $2,500	
	Call Gap Inc.		"	$201 - $1,000	
	Call Tex Instruments		"	$1,001 - $2,500	
	Call Motorola Inc.		"	$1,001 - $2,500	
	Call Dover Corp. Common		"	$201 - $1,000	
	Call Microsoft Corp.		"	$5,001 - $15,000	
	Call Motorola Inc.		"	$1,001 - $2,500	
	Call Case Corp.		"	$201 - $1,000	
	Call Fed. Natl. Mtg. Assn.		"	$1,001 - $2,500	
	Call United Healthcare		"	$201 - $1,000	
	Call Compaq Comp.		"	$1,001 - $2,500	
	Call Fed. Natl. Mtg. Assn.		"	$1,001 - $2,500	
	Call Microsoft Corp.		"	$201 - $1,000	
	Call General Motors Corp.		"	$1,001 - $2,500	
	Call Applied Materials		"	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Call Compaq Comp		Option Contract Price	$1,001 - $2,500	
Call Lowes Cos. Inc.		"	$1,001 - $2,500	
Call Dall Comp.		"	$1,001 - $2,500	
Call Kirby Corp.		"	$1,001 - $2,500	
Call Motorola Inc.		"	$201 - $1,000	
Call Microsoft Corp.		"	$2,501 - $5,000	
Call Mercantile Bancorp		"	$201 - $1,000	
Call Oracle Corp.		"	$1,001 - $2,500	
Call Oracle Corp		"	$2,501 - $5,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example. Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Oakmark, Int. Shares	Purchase	96/12/11	$1,001 - $15,000
	Twentielh Century Ultra Shares	Purchase	96/12/19	$1,001 - $15,000
	Mutual Shares Fund	Purchase	QTR	$1,001 - $15,000
	Vanguard Convertible Shares	Purchase	QTR	$15,001 - $50,000
	Vanguard Equity, Inc. Shares	Purchase	QTR	$1,001 - $15,000
	Vanguard LT Corp Shares	Purchase	QTR	$15,001 - $50,000
	Invesco Emerging Growth Shares	Purchase	QTR	$1,001 - $15,000
	Price Science and Tech Shares	Purchase	96/12/27	$15,001 - $50,000
	Price Science and Tech Shares	Purchase	09/03/27	$15,001 - $50,000
	Vanguard Trustees US Shares	Purchase	QTR	$1,001 - $15,000
	Vanguard Trustees US Shares	Sold	96/6/25	$1,001 - $15,000
	Vanguard Int Growth Shares	Purchase	QTR	$15,001 - $50,000
	Vanguard Trustees Int. Shares	Purchase	QTR	$1,001 - $15,000
	Vanguard Trustees Int. Shares	Sold	96/6/25	$100,001 - $250,000
	Charles Schwab Money Market Shares	Purchase	96/12/26, Daily	$100,001 - $250,000
	Charles Schwab Tax Exempt MM	Purchase	Daily	$1,001 - $15,000
	Evergreen Global RE Shares	Purchase	96/12/26	$1,001 - $15,000
	IBM Stock	Purchase	QTR	$1,001 - $15,000
	Neuberger Guardian Shares	Sold	96/4/22	$50,001 - $100,000
	Mutual of America 403 B	Purchase	QTR	$1,001 - $15,000
	General Motors Corp	Purchase	96/4/17	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Motorola Incorporated	Purchase	96/07/10	$15,001 - $50,000
	Motorola Incorporated	Sold	96/12/27	$15,001 - $50,000
	Motorola Incorporated	Purchase	96/11/26	$15,001 - $50,000
	Oppenheimer Multi Sector Shares	Purchase	QTR	$1,001 - $15,000
	NCR Corporation	Exchange	96/12/31	$1,001 - $15,000
	Pfizer Incorporated	Sold	96/1/22	$15,001 - $50,000
	Schlotzskys Inc	Purchase	96/7/10	$1,001 - $15,000
	United Health Care Corp	Purchase	96/9/27	$15,001 - $50,000
	Warburg Pincus Cap. Apprec. Fund	Purchase	96/4/23,96/06/25	$100,001 - $250,000
	Fedl Natl Mtg Assn	Sold	96/1/22	$50,001 - $100,000
	Fedl Natl Mtg Assn	Purchase	96/04/17	$15,001 - $50,000
	Invesco Balanced Fund	Purchase	96/01/25	$100,001 - $250,000
	Lowes Companies Inc.	Purchase	96/02/22	$15,001 - $50,000
	Dell Computer	Purchase	96/02/22	$15,001 - $50,000
	Founders Growth Shares	Purchase	QTR	$1,001 - $15,000
	Compaq Comp.	Purchase	96/04/17	$15,001 - $50,000
	Strong Total Return Shares	Sold	96/4/23	$15,001 - $50,000
	Invesco Emerging Growth Shares	Sold	96/12/11	$15,001 - $50,000
	Invesco Emerging Growth Shares	Purchase	96/3/19	$15,001 - $50,000
	Invesco Emerging Growth Shares	Purchase	96/4/22	$50,001 - $100,000
	Oakmark International Shares	Purchase	96/6/25	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Evergreen Global RE	Sold	96/12/24	$250,001 - $500,000
	Vanguard Money Market	Sold	96/6/25	$1,001 - $15,000
	Vanguard US Growth	Purchase	96/6/25	$500,001 - $1,000,000
	Vanguard Wellsley	Sold	96/3/19	$15,001 - $50,000
	INSD MUN INCM TR SR 110 Semi Annual	Redemption	96/3/19	$1,001 - $15,000
	Case Corp	Purchase	96/9/10	$15,001 - $50,000
	Dover Corp Common	Purchase	96/9/10	$15,001 - $50,000
	Gap Inc	Purchase	96/9/16	$15,001 - $50,000
	Texas Instruments Inc	Purchase	96/7/10	$15,001 - $50,000
	Tidewater Inc	Purchase	96/7/10	$15,001 - $50,000
	Dover Corp Common	Sold	96/12/23	$15,001 - $50,000
	Lowes Companies	Sold	96/10/15	$15,001 - $50,000
	Excel Communications Inc.	Purchase	96/05/10	$1,001 - $15,000
	Excel Communications Inc.	Sold	96/05/10	$1,001 - $15,000
	Motorola	Sold	96/12/27	$15,001 - $50,000
	Janus Twenty Fund Shares	Purchase	QTR	$1,001 - $15,000
	Electronic Data Systems	Exchange	96/06/	$1,001 - $15,000
	Lucent Technologies	Exchange	96/09/	$1,001 - $15,000
	American Brands Inc.	Sold	96/05/	$15,001 - $50,000
	Applied Materials	Purchase	96/02/27	$15,001 - $50,000

Name Lloyd Doggett | Page 13 of 15

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Simmons 1st National Bank, Little Rock, Ark. (1/4)	Mortgage 1510 Ullrich, 508 Gatetree, Austin, TX	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Aspen Institute	August 9-26, 1996	US-Finland-Estonia-Latvia- Petersburg, Russia-Sweden-US	Y	Y	Y	August 9-18 and August 25-26

No public funds were used for the above educational travel, which complied with the terms of the rule limiting receipt of gifts.

Name Lloyd Doggett | Page 15 of 15

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Partner	Perlmutter, Marston, Jacks & Doggett
	(Owns 1510 Ullrich, 508 Galetree, Austin)

LLOYD DOGGETT
10TH DISTRICT, TEXAS

COMMITTEE ON THE BUDGET

COMMITTEE ON SCIENCE

HAND DELIVERED

WASHINGTON OFFICE:
126 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-4865
DISTRICT OFFICE
763 FEDERAL BUILDING
AUSTIN, TX 78701
(512) 916-5921
E-MAIL:DOGGETT@HR.HOUSE.GOV
http://www.house.gov/doggett/

196

Congress of the United States
House of Representatives

May 15, 1997

MC

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97 MAY 15 AM 11:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Robin H. Carle
Clerk of the House
H-154 U.S. Capitol
Washington, D.C. 20515

Dear Robin:

In preparing my 1996 Financial Disclosure I found several matters that should be clarified on the 1995 Financial Disclosure.

On page 15: Evergreen Global RE shares: No dividend reinvestment occurred, since as reported correctly on page 6, there were no dividends.

Vanguard International Growth: A purchase from the prior year was unnecessarily repeated, since there was no purchase in 1995.

Vanguard Municipal Bond did not need to be listed here as it had been correctly reported on page 8. It is a money market fund with dividend reinvestments of less than $1000. Additionally, dividends on money market funds were reinvested daily instead of quarterly.

On page 9: General Motors Corp. was listed but the same entry was repeated on page 10 complete with all transactions.

On page 6: "Janus Funds Shares" can be more completely entitled Janus Twenty Fund Shares.

Finally, in my 1996 Financial Disclosure and henceforth, in accord with advice from the staff of the Committee on Standards of Official Conduct, option sales will be listed only on Schedule III as unearned income.

Your attention to this matter is appreciated.

Sincerely,

Lloyd Doggett

Lloyd Doggett

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

CALVIN MILLARD DOOLEY
(Full Name)

U.S. House of Representatives, 1201 Longworth House Office Building
(Mailing Address)

Daytime Telephone: 202/225-3341

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State CA District: 20	[ ] Officer or Employee — Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Calvin Dooley

DATE (Month/Day/Year): 05/15/97

Name	DOOLEY	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Georgetown University, Washington, D.C.	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DOOLEY | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
National Water Resources Association	Speech	04/19/96	$1,000
California Cable Television Association	Speech	08/19/96	$1,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DOOLEY

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP	*Examples:* Mega Corp. Stock				X								X		X									P
	123 Main St., Dover, Del.							X					X							X				
	1st Bank of Paducah, KY accounts					X							X			X								
	Dooley Farms Partnership (including equipment, crops, and leased improvements on 120 acres in Visalia and Tulare						X						Farm income								X	X	(gross) (net)	
	1/3 interest in 60 acres, Webb Ranch & McAuliffe Ave.							X					X								X			Transfer to Packwood
	Dooley for Congress (loan)			X									No income	X										
	Congressional Federal Credit Union			X									X			X								
	CalCot Limited		X										Combined with farm income listed above											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DOOLEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	County Line Gin		X										Combined with farm income listed above																
	Diamond Walnut		X										Combined with farm income listed above																
	Packwood RE Partnership (25% share), 24 acres at Feemstra & McAuliffe					X							Partnership income											X					
	American Funds: Europacific Growth Fund		X										X							X									
	American Funds: The Investment Company of America			X									X							X									
	American Funds: The New Economy Fund		X										X							X									
	American Funds: New Perspective Fund		X										X							X									
	American Funds: Washington Mutual Investors Fund			X									X								X								
	Packwood RE Partnership (loan)				X									None					X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name DOOLEY

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transections that resulted in a loss. Do not report e transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Sale of lots: Packwood RE Partnership		X		1/12-12/17/96			X							

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Name DOOLEY

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Mineral King (50% share)	Mortgage on McAuliffe and Walnut			X							
	Mineral King	Crop loan (Dooley Farms Partnership)		X								
	Case International	Tractor loan (Dooley Farms Partnership)		X								
	Visalia Community Bank (25% share)	Packwood RE Partnership development loan					X					
	Robert Merrill	Packwood RE Partnership development loan				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name DOOLEY | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Association of Homebuilders	Jan. 27-28	Wash., D.C. - Houston, TX - Fresno, CA	Y	Y	N	N
	California League of Food Processors	April 19-20	Wash., D.C. - Santa Barbara, CA - Wash., D.C.	Y	Y	N	N
	Democratic Leadership Council	May 3-4	Wash., D.C. - New Orleans, LA - Wash., D.C.	Y	Y	Y	N
	Chemical Producers & Distributors Association	Aug. 5-6	Fresno, CA - Napa, CA - Fresno, CA	Y	Y	N	N
	California Cable Television Association	Aug. 8-9	Sacramento - Lake Tahoe - Fresno	Y	Y	N	N

This page may be copied if more space is required.

Name	DOOLEY	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Dooley Farms Partnership (40% interest) -- see Schedule III
Partner	Packwood RE Partnership (25% interest) -- see Schedule III

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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97 MAY 15 AM 11:07
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U.S. HOUSE OF REPRESENTATIVES

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John Taylor Doolittle
(Full Name)

1526 Longworth HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-2511

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 04	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/97

Name John T. Doolittle | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Superior Lighting Concepts	Spouse Salary (commission)	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name John T. Doolittle | Page 3 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
National Institutes for Water Resources	Speech	March 12, 1996	$250
California Cable Television Association	Speech	August 9, 1996	$1,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John T. Doolittle

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Legislative Retirement Systems			X												NONE			X										
	American Funds Group (IRA's)			X												NONE			N/A										
	APN # 54-151-31 (Nevada County Promissory Note)			X																		X	P+I						
	APN # 54-151-34 (Nevada County)				X											NONE			X										
	APN # 54-151-34 (Water Rights)		X													NONE			X										
	Dominion Resources, Inc.		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal credit Union	Personal Credit		X								
	MBNA America	Personal Credit		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	J-T Investments (No income in 1996)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

MICHAEL F. DOYLE, JR.
(Full Name)
2227 HAMPTON STREET
(Mailing Address)
SWISSVALE, PA 15218
Daytime Telephone (412) 244-9386

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 18TH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Mike Doyle

DATE (Month/Day/Year) 5/15/97

Name MICHAEL F. DOYLE | Page 1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontano County Board of Education	Spouse Salary	NA
	EASTGATE INSURANCE AGENCY	COMMISSIONS	$8,400.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MICHAEL F. DOYLE

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	J&M ASSOCIATES (50% OWNER) OF THE FOLLOWING HOLDINGS:																												
	7223 CHURCH ST., PITTSBURGH, PA			X															X										
	712 S. TRENTON AVE., PITTSBURGH, PA			X															X										
	7643 HIGHLAND AVE., PITTSBURGH, PA			X															X										
JT	MONONGAHELA COMPANY (25% OWNER) OF THE FOLLOWING HOLDINGS:																												
	1916 MONONGAHELA AVE., PITTSBURGH, PA			X															X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL F. DOYLE

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	EASTGATE INSURANCE AGENCY (45% OWNER)					X													X										
	S.E.R.S - COMMONWEALTH OF PENNSYLVANIA					X													X										
	CDC SECURITIES LITIGATION												PRO-RATED SHARE OF SETTLEMENT FUND								X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	PEOPLES BANK OF UNITY, PITTSBURGH, PA	MORTGAGE ON PROPERTIES HELD BY J&M ASSOCIATES (50% OWNER-SHARE)		X								
JT	PNC CORPORATION, PITTSBURGH, PA	MORTGAGE ON PROPERTIES HELD BY MONOGAHELA CO. (25% OWNER-SHARE)		X								
JT	PA STATE EMPLOYEES CREDIT UNION	VISA	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name	Page
MICHAEL F. DOYLE	5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SECRETARY/TREASURER	EASTGATE INSURANCE AGENCY, INC.
PARTNER	J&M ASSOCIATES
PARTNER	MONONGAHELA COMPANY

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO. 1997 38-554 (mac)

Use additional sheets if more space is required.

(10)

97 MAY 15 PM 4:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

DAVID T. DREIER
(Full Name)

Room 237, Cannon House Office Building
(Mailing Address)

Washington, DC 20515

(202) 225-2305
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: California District: 28th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David T. Dreier

DATE (Month/Day/Year): MAY 15, 1997

Name DAVID T. DREIER

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name DAVID T. DREIER | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
CBANYS Administrative Fund	Speech	March 11, 1996	$ 200
Community Bank PAC	Speech	March 11, 1996	200
Maryland League of Financial Institutions	Speech	March 11, 1996	200
Illinois League of Financial Institutions	Speech	March 11, 1996	200
Indiana League of Savings Institutions	Speech	March 11, 1996	200
California League of Financial Services, Inc.	Speech	March 25, 1996	2,000
Washington Financial Forum Ltd.	Speech	March 7, 1996	1,000
National Retail Federation	Speech	April 11, 1996	2.000
Coast Federal Bank	Speech	April 20, 1996	2,000
The Washington Campus	Speech	April 23, 1996	500
Honda North America, Inc.	Speech	June 13, 1996	1,000
American Bankers Association	Speech	Sept. 11, 1996	2,000
The Washington Campus	Speech	Nov. 19, 1996	1,000

This page may be copied if more space is required.

Name DAVID T. DREIER

Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Roseville Telephone Co. - Stock				X								X								X								
	IBM Corporation - Stock				X								X							X									
	Muni. Invest. Trust - 13th CA Ser.	X													X				X										
	Interest=earning checking account, Cong. Federal Credit Union		X												X					X									
	Money Market Account, Cong. Federal Credit Union			X											X					X									
	IRA Plan - Calvert Group			X									X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Pension Plan - 1st Union Bank			X									X							X									
	Merrill Lynch Cash Management Acc't.				X								X									X							
	1st Union Bank MOney Market	X													X				X										
	The Oklahoma Publishing Co. - Stock						X						X								X								
	Borden Chemical & Plastics - Stock				X								X		X							X							
	Property - 97 Princeton, Rancho Mirage, CA	X												X			(Sale of Business Property)		X						X				S
	Property - 5 Stratford, Rancho Mirage, CA						X							X								X							
	Massachusetts Mutual Life Ins. Co.				X										X				X										
	N. B. Clearing Corp. - Cash	X											X						X										
	Lancaster Capital Corp. - Ltd. Ptsp.				X								X	X	X						X								
	Gaylord Entertainment Co. - Stock							X					X		X								X						
	Tiffany Manor Ltd. Partnership								X					X	X											X			
	Fairway Woods Ltd. Partnership	X												X	X	X	(Sale of Business Property)		X					X					S
	Parkway Partners, L.L.C.	X												X	X	X	(Sale of Business Property)		X					X					S
	Ericsson L.M. Telephone Co.			X									X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Freeport-McMoran Ltd. Partnership		X										X							X									P
	Great Northern Iron Ore Properties			X									X							X									P
	Pacific Telesis Financing			X									X							X									P
	Alliance Fund Services		X										X						X										

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SCHEDULE IV — TRANSACTIONS

Name DAVID T. DREIER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Property - 97 Princeton, ~~Rancho Mirage, CA~~		X		10/15/96				X						
	Fairway Woods Ltd. Partnership		X		7/31/96			X							
	Parkway Partners, L.L.C.		X		7/31/96				X						
	Freeport-McMoran Ltd. Partners	X			6/18/96		X								
	Great Northern Iron Ore Properties	X			7/8/96		X								
	Pacific Telesis Financing	X			6/21/96		X								

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Name David T. Dreier | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Glendale Federal Bank	Mortgage on 97 Princeton, Rancho Mirage, California				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Bohemian Grove	7/19/96 - 7/21/96	Washington, DC/San Francisco/Washington, DC	Y	Y	N	(No Transportation)

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Name	David T. Dreier	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice-President	Dreier Development Company, Kansas City, Missouri
Co-Chairman of Board	Los Angeles Committee for the Homeless (Los Angeles Mission)
Secretary	The Dreier Family Foundation
Board of Trustees	Claremont-McKenna College, Claremont, California
Board Member	International Republican Institute

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

DAVID DREIER
CALIFORNIA

COMMITTEE ON
RULES

97 MAY 15 PM 4:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

227 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-2305

112 NORTH SECOND AVENUE
COVINA, CA 91723
(818) 339-0078
(909) 592-2057

Congress of the United States
House of Representatives
Washington, DC 20515

3

May 15, 1997

The Honorable Robin H. Carle
Clerk
U.S. House of Representatives
B-106 Cannon House Office Building
Legislative Resource Center
Washington, D.C. 20515

Dear Madame:

Please consider this letter an amendment to my Financial Disclosure Statement for 1995.

I inadvertently omitted Ericsson L. M. Telephone Company from Schedule III - Assets and "Unearned" Income, and Schedule IV - Transactions. I am enclosing amended pages of those schedules, reflecting the addition of this asset and transaction.

Thank you for your assistance with this matter.

Sincerely,

David Dreier

DD:jm

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

ANNEX J N E N T

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

(Attachment Sheet (if needed))

Name DAVID T. DEETER

Page 6 of 10

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
	A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P S E
Fairway Woods Ltd. Partnership			X										X	X				X									
Parkway Partners, L.L.C.				X									X	X				X									
Ericsson L. M. Telephone Company			X									X						X									P

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97 MAY 15 PM 4:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

AMENDMENT

SCHEDULE IV — TRANSACTIONS

Name DAVID T. DREIER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$500,000	F $500,001–$1,000,000	G $1,000,001–$5,000,000	H $5,000,001–$25,000,000	I $25,000,001–$50,000,000	J $50,000,001–$100,000,000	K Over $100,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-85		X								
	Ross Stores, Inc. - Stock		X		9/25/95		X								
	Ericsson L. M. Telephone Company	X			9/28/95		X								

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:44 (9)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

CONGR. JOHN J. DUNCAN, JR.
(Full Name)

2400 RAYBURN BLDG
(Mailing Address)

WASHINGTON D.C. 20515

Daytime Telephone 202-225-5435

MC HAND DELIVERED
(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☑	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: J. Duncan Jr.

DATE (Month/Day/Year): 5/14/97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name JOHN J. DUNCAN, JR. | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN J. DUNCAN, JR

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X							X										X				
JT	1st Bank of Paducah, KY accounts					X										X					X								
SELF DE	CRACKER Barrel (STOCK)			✓									✓						✓										
	BANK FIRST (IRA) (TOTAL VALUE 12/31/96 $75,118.29) Due 9/5/97																												
	A. Federal Home Loan Bank			✓																✓									
	B. Fidelity Short-Term Bond Fund			✓									✓						✓										
	C. Fidelity Growth + Income		✓																✓										
	D. GMAC NOTE Due 10/1/96	✓																		✓									MATURE

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	E. TVA Due 8/1/99		✓												✓					✓									
	F. SHORT TERM USGOV TR	✓											✓							✓									
	G. FIDELITY EQUITY INCOME II		✓										✓						✓										
	H. FIDELITY VALUE FUND		✓										✓							✓									
	FIRST CENTRAL BANK (STOCK)		✓										✓						✓										
	EQUIPMENT LEASING (CD)		✓												✓					✓									
	STATE OF TN – PENSION		✓												✓				✓										
	BOB EVANS (STOCK)		✓										✓						✓										
DC	McDONALD'S CORP. (STOCK)		✓										✓						✓										
DC	CHEVY CHASE (CD)		✓												✓					✓									
	CONG CREDIT UNION (CKG)		✓												✓					✓									
	CONG CREDIT UNION (CD)		✓												✓					✓									
	BANK FIRST (CD)				✓										✓						✓								

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SCHEDULE IV — TRANSACTIONS

Name JOHN J. DUNCAN, JR

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	GMAC (IRA) NOTE MATURE	Mature			10-1-96		✓								
	IRA - FIDELITY VALUE FUND	✓			10-28-96	✓									
	IRA - FIDELITY EQUITY INCOME II	✓			10-28-96	✓									

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Name JOHN J. DUNCAN, JR. | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Daleware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waivar received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICA OUTDOORS	12/7 - 12/8/96	WASH, DC - JEKYLL ISLAND - KNOXVILLE	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

JENNIFER DUNN
8TH DISTRICT, WASHINGTON
432 CANNON BUILDING
WASHINGTON, D.C. 20515
(202) 225-7761
dunnwa08@hr.house.gov
50 - 116TH AVENUE, SE
SUITE 201
BELLEVUE, WASHINGTON 98004
(206) 450-0161

UNITED STATES
HOUSE OF REPRESENTATIVES

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEES
TRADE
HUMAN RESOURCES

HOUSE OVERSIGHT
COMMITTEE

196

May 08, 1997

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HOUSE OF REPRESENTATIVES

MC

The Honorable James V. Hansen
Chairman
Committee on Standards of Official Conduct
HT-2 Capitol
Washington, DC 20515

Dear Mr. Chairman:

I am writing as a followup to my letter of April 14, 1997. As the Committee is aware, after a conversation with an attorney at your Committee my former accountant concluded that I did not need to disclose the Bryant Dunn Trust Sub-B on my personal Financial Disclosures forms. He apparently reached this conclusion because he determined that the trust was a "gift" from a relative or close personal friend and that it preceded my service in Congress.

As the Committee is also aware, due to the sudden illness and incapacitation of my former accountant, I have recently directed American Express Financial Advisors Inc. in Seattle, Washington to assist in preparing my financial disclosures. Following a thorough review of my previous filings; a review of the type of trust; a clarification that the trust was not making disbursements to me prior to my service in Congress; and in consultation with an attorney from your Committee, it has been determined that this Trust and the income I receive from it should have been disclosed on my Calendar Year 1993, 1994 and 1995 Financial Disclosure forms and on all future filings.

This letter will serve to amend my Calendar Year 1993, 1994 and 1995 Financial Disclosure forms in the following manner. For each year, on the cover page of the Disclosure Form I should have checked yes to the question of whether or not I had excluded from the report details of an "excepted trust". Then under Schedule III - Assets and "unearned" Income I should have recorded the following information:

	BLOCK A	BLOCK B	BLOCK C	BLOCK D
CY93	Bryant Dunn Trust Sub-B	N/A	Excepted Trust	$1,000 -- $2,500
CY94	Bryant Dunn Trust Sub-B	N/A	Excepted Trust	$2,501 -- $5,000
CY95	Bryant Dunn Trust Sub-B	N/A	Excepted Trust	$2,501 -- $5,000

Please accept my apologies for any inconvenience that I may have inadvertently caused the Committee. Should you have questions or need additional information please contact me at 202-225-7761.

Best regards,

Jennifer Dunn

JENNIFER DUNN
Member of Congress

PRINTED ON RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 12:12
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U.S. HOUSE OF REPRESENTATIVES

(6)

JENNIFER DUNN
(Full Name)

432 CANNON HOB
(Mailing Address)

WASHINGTON, DC 20515

Daytime Telephone 202-225-7761

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: WASHINGTON District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jennifer B. Dunn

DATE (Month/Day/Year): MAY 15, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JENNIFER DUNN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	COGNATIVE ASSOCIATIVES RE: LIMITED PARTNERSHIP		X												X				X										
	BANK of AMERICA COMMON STOCK				N/A								X						X										S
	IDS HIGH YIELD TAX EXEMPT FUND CLASS A	X													X				X										
	IDS CASH MANAGEMENT FUND CLASS A		X										X							X									
	IRA- IDS FLEXIBLE ANNUNITY			X											N/A								N/A						
	BRYANT DUNN TRUST					NOT KNOWN											X		X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JENNIFER DUNN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	CONDOMINIUM: DESSERT ISLAND RANCHO MIRAGE, CA # 305 (50% INTEREST)				X									X					X (NET LOSS)										P

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SCHEDULE IV — TRANSACTIONS

Name JENNIFER DUNN | Page 3 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	BANK of AMERICA COMMON STOCK		X		3.4.96	X									
	IDS CASH MANAGEMENT CLASS A	X	X		VARIOUS DATES	USED AS AN INTEREST BEARING MONEY MARKET ACCOUNT									
	OWNERSHIP of CONDOMINIUM DESSERT ISLAND #305 RANCHO MIRAGE, CALIFORNIA (50% INTEREST)	X			2.7.96			X							

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	MISSION HILLS MORTGAGE CORP. (50% INTEREST) P.O. BOX 22017 SANTA ANA, CALIF. 92702	MORTGAGE ON CONDOMINIUM DESSERT ISLAND RANCHO MIRAGE CALIFORNIA #305			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name JENNIFER DUNN | Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER- US HOUSE CONG. ADVISORY BOARD	INTERNATIONAL REPUBLICAN INSTITUTE
GENERAL PARTNER	THE DUNWELL PARTNERSHIP

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Thomas Chester Edwards
(Full Name)

2459 Rayburn Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-6105

Filer Status: [X] Member of the U.S. House of Representatives — State: TX District: 11 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Chet Edwards

DATE (Month/Day/Year): May 13, 1997

Name Thomas Chester Edwards | Page 2 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT — *Examples* — SP — Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT — Wright Patman Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
JT — Central National Bank	$1,001 - $15,000	Interest	$201 - $1,000	
JT — Federal Thrift Savings Plan	$100,001 - $250,000	N/A	NA	
SP — Great American Reserve Insurance Retirement Acct.	$1,001 - $15,000	N/A	NA	
Employers Retirement System of Texas	$1,001 - $15,000	N/A	NA	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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(5)

Vernon J. Ehlers
(Full Name)
1848 Morningside Dr. SE
(Mailing Address)
Grand Rapids, MI 49506
202-225-3831
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: MI District: 3	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Vernon J. Ehlers

DATE (Month/Day/Year): 5/14/97

986

Name Vernon J. Ehlers | Page 2 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	Harvard University Physics Dept.	Speech	Oct. 21, 1996	$1500.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
SP	Social Security												Soc. Security									X							
SP	IRA, NBD Bank, Grand Rapids, MI		X												X				NA										
	" " " " " "		X												X				NA										
	State of MI Retirement Acct.			X											X				NA										
	" " " 401(k) Account				X										X				NA										
	" " " Deferred Comp. Acct.				X										X				NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Vernon J. Ehlers

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Kent County Retirement Acct.		X												X				NA										
	Calvin College Retirement Acct						X						X		X				NA										
	c/o TIAA-CREF, New York, NY																												

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Klamath Alliance for Resources and Environment	June 20-24	Wash. DC to Macloud CA and return	Y	Y	Y	N
	Associated Western Univ. (Speech)	Oct. 11+12	Grand Rapids MI - Berkeley CA + return	Y	Y	N	N
	Harvard University (Speech)	Oct. 20-22	Grand Rapids MI - Cambridge MA + return	Y	Y	N	N

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(6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -2 PM 1:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Robert L. Ehrlich, Jr.
(Full Name)

4 Ballyhean Ct. Timonium, MD. 21093
(Mailing Address)

(410) 252-4180
Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives	State: MARYLAND District: 2ND	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert L. Ehrlich Jr.

DATE (Month/Day/Year): April 11, 1997

Name ROBERT L. EHRLICH, JR. | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	YOUTH SERVICES INTERNATIONAL (CORPORATE COUNSEL)	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X						X								
	Fundamental Investors M.F.			X									X			X					X								
	New Perspective M.F.		X										X			X				X									
	AIM Constellation M.F.		X										X			X				X									
	Euro Pacific M.F.		X										X			X				X									
	Fidelity Investors M.F.		X										X			X				X									
	Main Street Income & Growth M.F.	X											X			X			X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT L. EHRLICH, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	TARGET FUND A (NOW CAP. APPRECIATION FUND A)	X											X			X			X										P
	DISCOVERY FUND A	X											X			X			X										P
	IRA (CAPITAL GUARDIAN TRUST CO.)																												
	AMER. BALANCED M.F.		X										X			X					X								
	EURO PACIFIC M.F.		X										X			X				X									
	FUNDA. INVESTORS M.F.		X										X			X					X								
	NEW PERSPECTIVE M.F.		X										X			X				X									
	SMALL CAP M.F.		X										X			X					X								
	WASH MUTUAL M.F.		X										X			X				X									

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	INDEPENDENT BAKERS ASS.	FEB 11-12	BALTO.- BOCA RATON- BALTO.	Y	Y	N	N
	NEW YORK BAR ASSOCIATION	FEB 20-21	BALTO.- NYC - BALTO.	Y	Y	N	N
	PEPSI	FEB 21-FEB 21	NYC - PURCHASE, N.Y. - BALTO.	N	Y	N	
	ALLEGHANY COUNTY, MD. REPUBLICAN CENTRAL COMMITTEE	APRIL 19-20	BALTO - CUMBERLAND, MD. - BALTO.	Y	Y	Y (WIFE)	N
	MARYLAND ASPHALT ASSOCIATION	SEPT. 20-21	BALTO - ST. MICHAELS, MD - BALTO.	Y	Y	Y (WIFE)	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	DIRECTOR POSITIONS WITH ORGANIZATIONS ARE OF AN HONORARY NATURE.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 AM 9:16 (6)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

997

Jo Ann Emerson
(Full Name)

2210 Lakewood Drive
(Mailing Address)

Cape Girardeau MO 63701

Daytime Telephone: 202-225-4404

Filer Status	[X] Member of the U.S. House of Representatives	State: MO Distnct. 08	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date.

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Jo Ann Emerson

DATE (Month/Day/Year): 5/14/97

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	American Insurance Association	Salary	$146,072.89
	US House of Representatives	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	1310 Lexington, Cape Girardeau, MO 63701	$50,001 - $100,000	Rent	$1,001 - $2,500	S
	2210 Lakewood Drive, Cape Girardeau, MO 63701	$100,001 - $250,000	Rent	$201 - $1,000	P
	Metlife, Investment & Fiduciary Services, 485-B Metropolitan Corp. Iselin, NJ 08830	$500,001 - $1,000,000	Interest	$5,001 - $15,000	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Home-1310 Lexington, Cape Girardeau, MO 63701	Sold	8/96	$50,001 - $100,000
	2210 Lakewood Drive, Cape Girardeau, MO 63701	Purchase	7/96	$100,001 - $250,000
	Metlife, Investment & Fiduciary Services, 485-B Metropolitan Corp. Plaza, Iselin, NJ 08830	Purchase	7/96	$500,001 - $1,000,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Mercantile Bank, Cape Girardeau, MO (PD OFF 9/96)	Mortgage	$15,001 - $50,000
JT	Mercantile Bank, Sikeston, MO (PD OFF 7/96)	Personal Loan/Home Equity	$15,001 - $50,000
JT	First Commercial Bank, Gideon, MO (PD OFF 7/96)	Personal Loan	$50,001 - $100,000
JT	First Financial Bank, East Prairie, MO (PD OFF 7/96)	Personal Loan	$15,001 - $50,000
	Boatmen's Bank, Cape Girardeau, MO	Mortgage on 2210 Lakewood	$100,001 - $250,000

Name Jo Ann Emerson | Page 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member, Advisory Committee	Ameson Institute for Practical Politics and Public Affairs, Ohio Wesleyan University, Delaware, OH
Member, Advisory Committee and Treasurer	Members' and Family Room, US House of Representatives
Director Emeritus	Presbyterian Childrens' Services, St. Louis, MO
Member	Copper Dome Society, Southeast Missouri State University, Cape Girardeau, MO
Advisory Committee	Children's Inn at National Institutes of Health

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 6:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Rep. Eliot L. Engel
(Full Name)

2303 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202/225-2464

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: 17th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eliot L. Engel

DATE (Month/Day/Year): May 15, 1997

1003

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rep. Eliot L. Engel

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X						X								
	Marine Midland	X													X				X										
	Cong Fedl Credit Union			X											X					X									
	Dreyfus Liquid Assets	X											X						X										
	US Savings Bonds		X												X				X										
	Israeli Bonds		X												X				X										
	Mortgage income recd for property sold in 1995																						X						

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Name Rep. Eliot L. Engel

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Cong Federal Credit Union	Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name Rep. Eliot L. Engel | Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Center for Middle East Peace & Econ Cooperation	1/12-20	Wash,DC-Abu Dhabi, UAE; Dohar, Qatar; Bahrain; Kuwait City, Kuwait; Riyadh, Saudi Arabia; Cairo, Egypt; Jerusalem, Israel - Washington, DC	Y	Y	N	
	Intl Assoc of Bridge, Structural and Ornamental Iron Workers	2/18-20	Wash, DC-Miami, Fla- Wash, DC	Y	Y	N	
	American Security Council	7/18-22	Wash, DC-Belgrade, Serbia; Prishtina, Kosova; London, UK-Wash, DC	Y	Y	N	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 6:25
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Full Name) PHILIP S. ENGLISH

(Mailing Address) 1721 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515

Daytime Telephone (202) 225-5406

Filer Status	☒ Member of the U.S. House of Representatives	State: PENNSYLVANIA District: 21	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be sssessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Philip S. English

DATE (Month/Day/Year): 7/15/97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SCHOOL DISTRICT, CITY OF ERIE	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

1008

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name PHILIP S. ENGLISH

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X							X								P
			123 Main St., Dover, Del.							X						X											X			
			1st Bank of Paducah, KY accounts					X									X						X							
JT	530 W. 6th St., ERIE, PA.							X								X						X								

For additional assets and unearned income, use next page.

Name PHILIP S. ENGLISH

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	BANK UNITED OF TEXAS FSB (HOUSTON, TX)	MORTGAGE ON 530 W. 6th ST.				X						
	CITIBANK (SIOUX FALLS, SD)	MASTERCARD ACCOUNT	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name PHILIP S. ENGLISH Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	THE HERITAGE FOUNDATION (1996 CONGRESSIONAL ADVANCE)	JAN. 25, 26	WASH., D.C. - BALTIMORE, MD.	Y	Y	Y	N
	UNIVERSAL STUDIOS (WAYS & MEANS BRIEFING)	MAR. 10-12	WASH., D.C. - LOS ANGELES - WASH. D.C.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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JOHN ERIC ENSIGN
(Full Name)

7515 COLEY AVENUE, LAS VEGAS, NV 89117 (202)225-5965
(Mailing Address) Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives State: NV District: 1	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John E. Ensign

DATE (Month/Day/Year): 5/9/97

1012

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN ERIC ENSIGN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP	Examples: Mega Corp. Stock				X								X		X									P
	123 Main St., Dover, Del.							X						X						X				
	1st Bank of Paducah, KY accounts					X								X			X							
J	JOHN E. ENSIGN, DVM & GERALD L. PRIBYL, DVM, CHTD - OWNERSHIP SHARE		X										X		X									
	E+P PARTNERSHP - OWNERSHIP SHARE				X								PARTNERSHIP INCOME					X						
JT	NOTE RECEIVABLE, CHRISTOPHER YACH, DVM, CHTD, LAS VEGAS, NV							X						X						X				
JT	CHARLES SCHWAB - MONEY MARKET				X									X			X							
JT	NATIONS BANK - CHECKING			X										X		X								
JT	SMITH BARNEY - MONEY MARKET		X										X		X									

(NOTE - ON THE PRIOR REPORT, TWO SMITH BARNEY ACCOUNTS WERE REPORTED DURING 1996, THESE ACCOUNTS WERE COMBINED INTO ONE ACCOUNT.)

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN ERIC ENSIGN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	CONGRESSIONAL FEDERAL CREDIT UNION		X												X				X										
JT	NOTE RECEIVABLE, CHRIS MILLS, LAS VEGAS, NV				X										X							X							
	(THIS NOTE RECEIVABLE IS A RESULT OF A SALE OF A VACATION HOME - A NON-REPORTABLE TRANSACTION)																												

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Name JOHN ERIC ENSIGN | Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	OLYMPIC	4/3/96	LAS VEGAS, NV - RENO, NV	N	N	N	Y
	T.J. DAY	4/3/96	RENO, NV - FLY OVER WALKER RIVER BASIN, NV - RENO, NV	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(RENEWED)
97 MAY 15 PM 5:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

John Eric Ensign
(Full Name)
7515 Coley Avenue, Las Vegas, NV 89117
(Mailing Address)
Daytime Telephone: 202-225-5965

Filer Status	[x] Member of the U.S. House of Representatives — State NV, District:	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: John Ensign

DATE (Month/Day/Year): 5-15-97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Eric Ensign | Page 2 of X

BLOCK A — Asset and/or Income Source

Identity (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for Income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock			X									X		X									P
	123 Main St., Dover, Del.							X						X						X				
	1st Bank of Paducah, KY accounts					X									X			X						
JT	John E. Ensign, DVM & Gerald L. Priby, DVM, GNTD-ownership share	X											X		X									
JT	E & P Partnership-ownership share				X								Partnership income						X					
JT	Note Receivable, Christopher Yeh DVM, CHTD, Las Vegas, NV							X						X						X				
JT	Charles Schwab - money Market			X										X				X						
JT	Nations Bank - Checking			X										X		X								
JT	Smith Barney - money market	X											X			X								

Note- On the prior report, two Smith Barney Accounts were reported during 1996, these accounts were combined into one account.

For additional assets and unearned income, use next page. (continued)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Eric Ensign

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
JT	Congressional Federal Credit Union		X												X				X										
JT	Note Receivable, Chris Mills Las Vegas, NV				X					X					X							X							
	(This note receivable is a result of a sale of a vacation home - A - non - reportable transaction)																												

This page may be copied if more space is required.

Name John Eric Ensign | Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Olympic	4/3/96	Las vegas, NV-Reno-NV	N	N	N	N
	TJ. Day	4/3/96	Reno, NV-Fly over Water River Basin, NV-Reno, NV	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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(a)

Anna Georges Eshoo
(Full Name)

40 Isabella Avenue - Atherton - California - 94027
(Mailing Address)

Daytime Telephone
415-323-2984

Filer Status	[X] Member of the U.S. House of Representatives	State: ____ District: ____	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Anna Georges Eshoo

DATE (Month/Day/Year): May 13, 1997

1020

Name Anna Georges Eshoo | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of San Mateo California Retirement Fund	Retirement Benefit	$7407

For payments to charity in lieu of honoraria, use Schedule II.

Name Anna Georges Eshoo | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	-None-			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Anna Georges Eshoo

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income (DIVIDENDS, RENT, INTEREST, CAPITAL GAINS, EXCEPTED TRUST, QUALIFIED BLIND TRUST)	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X		X									P
	123 Main St., Dover, Del.							X					X							X				
	1st Bank of Paducah, KY accounts					X							X					X						
	The Hartford Group/Deferred Comp Plan					X							Deferred Compensation Plan					X						n/a
	County of San Mateo/Retirement		X										Retirement Plan					X						n/a
	Great Western Bank/Checking	X											none				none							n/a
	Great Western Bank/Savings	X											X	X										n/a
	San Mateo Credit Union	X											X	X										n/a
	Penn Mutual Life Ins. Co.	X											X		X									n/a

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Anna Georges Eshoo

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	Wright Patman Credit Union/Checking	X													X				X										
	Wright Patman Credit Union/Savings	X													X				X										
	Riggs Bank	X													X				X										
	PaineWebber																												
	Money Market Fund		X												X					X									
	Mutual Fund		X												X					X									
	IRA		X												X				X										
	Equities																												
	Deere & Co.		X										X						X										
	Ford Motor		X										X						X										
	Gannett Co.		X										X						X										
	Intl. Flavors		X										X						X										
	Stone Container		X										X						X										

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SCHEDULE IV — TRANSACTIONS

Name Anna Georges | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	-None-														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Deleware	Mortgage on 123 Main St., Dover, Del.				X						
	Norwest Mortgage, Inc. Frederick, Maryland 21705-4148	Mortgage on my home at 40 Isabella Avenue Atherton, California					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	-None-	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	May 24-28 1996	Wash. D.C. to Bermuda & return to Wash. D.C.	Y	Y	No	None
	Conference on Intl. Trade + U.S. Economy			$1808.00	$560.00		
			Misc. Expenses $ 10.95				
			Transportation $ 616				
	The Aspen Institute	Aug. 19-24 1996	San Filan/Frankfurt/St. Petersburg Chicago/San Francisco	Y	Y	Yes, my son Paul Eshoo	None
	Conference on U.S. Relations with Russia + the Ukraine			$1575.00	$1120.00		
			Misc. Expenses $ 100.00 (airport transfers)				
			Transportation Cost: $3645.80 total				

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	-None-

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	-None-	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 AM 8:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC
(Office Use Only)

Bobby R. Etheridge
(Full Name)

Route 6 Box 594
(Mailing Address)

Lillington NC 27546

Daytime Telephone: 919 715-1277

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 02	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date.

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/97

1029

Name Bobby R. Etheridge | Page 2 of 11

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of North Carolina	Salary	$75,607
	Harnett Board of Education	Spouse Selary	N/A
	National Computer Center, Minneapolis, MS	Fee	$800

For payments to charity in lieu of honoraria, use Schedule II.

Name Bobby R. Etheridge

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
				$

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Centura Bank	None - $1,000	Dividends	None - $200	NA
	Carolina Power & Light Co.	$1,001 - $15,000	Dividends	None - $200	NA
	Openheimer Equity Income Fund	$1,001 - $15,000	Dividends	None - $200	NA
	Dean Witter Money Market Trust	None - $1,000	Dividends	None - $200	NA
	IRA (Triangle Bank Stock)	$1,001 - $15,000			
JT	Farm - Rt. 1, Broadway NC	$100,001 - $250,000	Rent	$201 - $1,000	
JT	Commercial Property, Lillington East McNeil Street	$15,001 - $50,000	None		
JT	Rental Property, Angier NC	$50,001 - $100,000	Rent	$2,501 - $5,000	NA
	NC State Retirement Pension	$15,001 - $50,000	None	None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	NC State Retirement Pension				
	NC State Deferred Compensation Plan (401 K)	$50,001 - $100,000	none	None - $200	
	Triangle Bank (Stock)	None - $1,000	Dividends	None - $200	NA
JT	Rental Property, Lillington, NC (house)	$15,001 - $50,000	Rent	$2,501 - $5,000	
SP	NC State Deferred Compensation (401 K)				
				None - $200	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000

Name Bobby R. Ethendge | Page 7 of 11

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Triangle Bank, Dunn NC	Farm & Commercial Property	$15,001 - $50,000
JT	BB&T (Bank & Trust), Angier NC	Rental Building	$10,001 - $15,000

Name Bobby R. Etheridge	Page 8 of 11

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
		$

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Various Education Boards/Non Profit, related to NC Education	Various by statue as required by State of NC for office of State Superintendent of Public Instruction
Board of Directors	Council of Chief State School Officers (The National Organization)
Local Advisory Board	Triangle Bank, Lillington, NC (no decision making power)
Advisory Board	Ochoneeche Boy Scout Council

Name Bobby R. Etheridge

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, pages 26-27.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:16

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(5)

HAND DELIVERED

MC (Office Use Only)

1040

Lane A. Evans
(Full Name)

2335 Rayburn HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-5905

Filer Status	[x] Member of the U.S. House of Representatives	State: Illinois District: 17	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	VI. Did you, your spouse, or a dependant child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependant child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Lane A. Evans

DATE (Month/Day/Year): MAY 15, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lane A. Evans

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
	406 S. Capitol St., SE, Wash.,	DC					x							x									x						
	Plow & Planter Employees																												
	Credit Union, IRA, Moline, IL		x												x					x									
	Wright Patman Federal Credit																												
	Union, Savings Accts. & IRA,																												
	Washington, DC				x										x							x							

For additional assets and unearned income, use next page.

Name Lane A. Evans

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	NationsBanc Mortgage Corp., Wash., DC	Mortgage on 406										
		S. Capitol St., SE				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name Lane A. Evans | Page 3 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Vietnam Veterans of America		Aug. 2-3	Wash.,DC - Louisville	.			
			Moline, IL	Y	Y	N	N

This page may be copied if more space is required.

Name	Page 4 of 4
Lane A. Evans	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Skills, Inc., Moline, IL
Director	Center for Mind-Body Studies, Washington, DC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
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(Office Use Only)

R. Terry Everett
(Full Name)

208 Cannon House Office Building
(Mailing Address)

Daytime Telephone:
Washington, D.C. 20515 (202) 255-2901

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL R. Terry Everett

DATE (Month/Day/Year) 5-13-97

1045

Name R. Terry Everett	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	U.S. Representative	$126,100
	Union Springs Newspaper - Husband	Management	14,400
	Union Springs Newspaper - Wife	Management	16,800

For payments to charity in lieu of honoraria, use Schedule II.

Name R. Terry Everett | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
XYZ Magazine	Article	Aug. 13, 1996	$500
None			

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Name R. Terry Everett

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dovar, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
	Merrill-Lynch CMA Funds					XX							X									X							
	Merrill Lynch U.S. Treasury Notes								X						X									X					
	400 acre farm - Houston Co., AL						X						X										X						
	Due from Everett for Congress							XX							X				X										
	House- Santa Rosa Beach, FL-Rental						XX						X						X										
	MoneyMarket, Compass Bk, Dothan, AL			XX									X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. Terry Everett

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Mobile Co. Municipal Bonds, AL							XX							X									X					
	Union Spgs Newspaper, Inc.-Stock					XX							XX						X										
	Congressional FCU, Washington, D.C.					X							--		XX							X							
	Townhouse, Washington, D.C.						XX							X					X										
	Colonial Bancgroup-Husband (4,883)					XX							X								X								
	Colonial Bancgroup-Wife (2,579)				X								X							X									
	Colonial Bank-C.D. & Checking							XX							X									X					
	Colonial Bank-C.D. & Checking						X								X									X					
	Dothan Federal Savings - stock						X									X			X										S&E
	Dothan Federal Savings					X									X				X										E*
	Donalsonville Newspapers														X														E*
	Notes receivable on 2 personal residences in Houston & Coffee Counties, AL					X									X								X						
	Colonial Bank IRA (H)		X											N/A								N/A							P
	Colonial Bank IRA (W)		X											N/A								N/A							P

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SCHEDULE IV — TRANSACTIONS

Name R. Terry Everett

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Dothan Federal Savings Bank Stock (H)		XX		7/8/96			X							
	Dothan Federal Savings Bank Stock (W)		XX		7/8/96			X							
	Dothan Federal Savings Bank-C.D. transferred to Colonial Bank			XX	7/96				X						
	Donalsonville Newspapers-A/R paid out			XX	1/96	X									
	Dothan Federal Savings stock exchanged for Colonial Bancgroup stock			XX	7/8/96				X						
	Colonial Bank - IRA - (H)	XX			12/96	X									
	Colonial Bank - IRA - (W)	XX			12/96	X									
	Notes receivable-3 personal residences			XX	1996				X						
	*Paid-out														

This page may be copied if more space is required.

Name R. Terry Everett

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Compass Bank-Campaign Loans-Dothan, AL	Line of credit/personal					X					
	Magnolia Bank-personal home-Enterprise, AL	Home loan	Less than $10,000									
	Charles Taylor-farm-Dothan, AL	Farm loan				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

Name R. Terry Everett	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

TERRY EVERETT
2D DISTRICT, ALABAMA

COMMITTEE ON VETERANS' AFFAIRS
CHAIRMAN,
COMPENSATION, PENSION, INSURANCE
AND MEMORIAL AFFAIRS

COMMITTEE ON AGRICULTURE
RISK MANAGEMENT AND SPECIALTY CROPS

COMMITTEE ON NATIONAL SECURITY
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MONTGOMERY, AL 36116
(334) 277–9113

100 W TROY ST #101
DOTHAN, AL 36303
(334) 794–9660

108 N MAIN STREET
OPP, AL 36467
(334) 493–9253

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(2)

MC

June 5, 1997

Ms. Robin Carle
Clerk of the House of Representatives
Legislative Resource Center
B106 Longworth Building
Washington, D.C. 20515

Page 8 of 1996 Financial Disclosure Statement

Dear Ms. Carle:

I discovered that Page 8 of my 1996 Financial Disclosure Statement was inadvertently left out of the statement I submitted May 14.

Attached is Page 8.

I regret the omission and any inconvenience this might cause.

Sincerely,

Terry

TERRY EVERETT

TE:cs

PRINTED ON RECYCLED FIBERS

Name	R. Terry Everett	Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

(11)

Thomas W. Ewing
(Full Name)

310 West Lincoln Street
(Mailing Address)

(815) 844-7660
Daytime Telephone

Pontiac, IL 61764

MAY - 5 1997
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 15	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application ~~and will be reviewed by the~~ Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Thomas W. Ewing

DATE (Month/Day/Year) May 6, 1997

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State Farm Mutual Automobile Insurance Co.	Spouse salary	NA
	Satter, Beyer & Spires (deferred compensation for sale of assets and legal services performed prior to taking office in 1991		$ 2,765.
	State of Illinois		$43,943

For payments to charity in lieu of honoraria, use Schedule II.

Name	Thomas W. Ewing	Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1996	$500
Central Illinois Builders	Speech	Nov. 22 , 1996	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas W. Ewing

Page 4 of 11

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.						X						X										X					
			1st Bank of Paducah, KY accounts				X									X						X								
	Pontiac National Bank (account) Pontiac, IL			X																X										
	Principal National Bank Corp., Inc. Pontiac, IL (stock)						X							X									X							
	Pontiac Bancorp., Inc.(stock) Pontiac, IL			X										X						X										
	Lexington Bank (account) Lexington, IL			X																X										
	State Bank of Graymont(account) Graymont, IL			X																X										
	Ewing Bros. Farm, Logan Co., IL 1/3 int. in 120 acres in trust for adult children						X								X					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	~~CAPITAL GAINS~~ Sale of Lots	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Connell Farm, Logan County, IL 1/2 int. in 137 acres					X								X									X						P
	S. Y. Ewing Trust Farm, McLean Co., IL 1/2 Int. in 160 acres					X								X										X					
	Odell Farm Trust 625, 300 acres Livingston Co., IL (gross income)						X							X										X					
	Newtown Farm, 92 acres Livingston Co., IL (gross income)					X								X										X					
	Fairway View Subdivision, Livingston Co., IL 1/2 int. in 15 acres (net income)						X									X								X					
	Fairway View Farm, Deerfield Rd., Pontiac IL 1/2 int. in 30 acres (gross income)					X								X										X					
	McLean Rental House McLean County, IL (gross income)		X											X							X								
JT	Residence, 310 W. Lincoln St. Pontiac, IL					X													X										
	Livingston County Broadcasters, Inc. 2 shares		X										X						X										
	State of Illinois Employees Deferred Compensation Plan				X														na										
	State Farm Life Insurance Company Flexible Premium Annuity IRA		X																na										
	Lot 6, Gardner-Ewing Addition to Fairway View Subdivision, Pontiac, IL			X															X										
	Pontiac National Bank Thomas W. Ewing Profit Sharing Pension Plan Assets:																												
	Cash	X											X							X									
	Kemper Portfolios		X										X							X									
	Archer Daniels Midland Co.	X											X						X										
	Community Bank of Galesburg		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Bellsouth Corp.		X										X						X										
	Browning Ferris Inds.		X										X						X										
	Caterpillar Inc. Del.	X											X						X										
	Donnelley R. R. & Sons Co.	X											X						X										
	GTE Corp.		X										X						X										
	General Elec. Co.		X										X							X									
	Illinova Corp.		X										X							X									
	McDonalds Corp.		X										X						X										
	Motorola Inc.		X										X						X										
	Pepsico Inc.		X										X						X										
	PNB Holding Co.			X									X								X								
	WMX Technologies Inc.		X										X						X										
	Southwest Royalties		X										X						X										
	NWNL Companies	X											X							X									
SP	Principal National Bancorp stock			X									X								X								
SP	State Farm Illinois FCU			X											X							X							
SP	Bank One Checking		X																X										
SP	State Farm Growth Fund, Inc. Mutual Fund (Retirement Fund)					X							X									X							
SP	State Farm Balanced Fund Mutual Fund (Retirement Fund)				X								X								X								
SP	State Farm Balanced Fund Mutual Fund		X										X							X									
SP	State Farm Growth Fund Mutual Fund		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	LaGrange Condo, 416 East Ave., Cook County, IL				X									X								X							
JT	D.C. Condo, 761 Delaware SW Washington, DC					X								X								X							

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SCHEDULE IV — TRANSACTIONS

Name: Thomas W. Ewing

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
	Connell Farm Logan County, IL	X			96			X							
	Lot 23, Gardner-Ewing Addition to Fairway View Subdivision, Pontiac, IL (1/2 interest)		X		3/7/96		X								
	Lot 26, Gardner-Ewing Addition to Fairway View Subdivision, Pontiac, IL (1/2 interest)		X		6/12/96		X								

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Name Thomas W. Ewing

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Pontiac National Bank, Pontiac, IL	Mortgage on 310 W. Lincoln St., Pontiac, IL				X						
	Pontiac National Bank, Pontiac, IL	Mortgage on Odell,IL farm			X							
SP	Pontiac National Bank, Pontiac, IL	Mortgage on LaGrange, IL condo			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Chicago Mercantile Exchange & Chicago Board of Trade	March 15-17	Tom:D.C.-Boca Raton, FL-Indianapolis, IN Connie:~~Chicago, IL-Boca~~ Raton, FL-Indianapolis, IN	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Principal National Bank Corporation, Inc. (Uncompensated)
Director	Livingston County Broadcasters, Inc. (Uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	State of Illinois Deferred Compensation Plan	No distribution until age 65.
	State of Illinois General Assembly Pension	Benefits currently being received-payable at age 55.
	Thomas W. Ewing Profit-Sharing Pension	Owner of this plan does not currently qualify for any benefits under this plan.

GPO: 1997 38–554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED (4)
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 3:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Hon. Eni F. H. Faleomavaega
(Full Name)

2422 Rayburn House Office Building
(Mailing Address)

202-225-8577
Daytime Telephone

Washington, DC 20515

Filer Status	[x] Member of the U.S. House of Representatives	State: Am. Samoa District: At Large	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eni Faleomavaega

DATE (Month/Day/Year): May 15, 1997

Name ENI F.H. FALEOMAVAEGA	Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Continental Airlines	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ENI F.H. FALEOMAVAEGA

Page 3 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.						X						X										X					
			1st Bank of Paducah, KY accounts				X									X						X								
SP	IDS American Express (Accounts) Minneapolis, Minnesota						X							X		X	X							X						

For additional assets and unearned income, use next page.

Name ENI F.H. FALEOMAVAEGA

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Foundation for the Advancement of Cultural & Educational Services	July 26-28	Wash. DC - Salt Lake City - Wash DC	Y	Y	N	N
	Assoc. for Recognition of Samoan Students	June 14015	Wash, DC - Los Angeles - Wash DC	Y	N	N	N
	National Indian Gaming Assoc.	April 1-2	Wash, DC - Orlando, FL - Wash DC	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 3:10

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC
(Office Use Only)

SAM FARR
(Full Name)

1117 Longworth House Office Building
(Mailing Address)

Daytime Telephone
Washington, DC 20515 202/225-2861

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 17	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Samuel Farr

DATE (Month/Day/Year): 5/15/97

1070

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Financial Transitions Institute	Spouse's income from consulting	N/A
Hospice of Monterey	Spouse's Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name SAM FARR

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	E S P
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Chevy Chase Land Co. Stock			X									X							X									
	Devil's Flat Assn. Membership		X																X										
	Point 16, Big Sur, CA					X													X										
	Interest in CA State Retirement Sys.			X															X										
	Sorensen's Resort Ltd. Partnership			X															X										
	1529 Washoe Way, Tahoe City, CA			X										X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SAM FARR

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Dean Witter Mutual Funds				X								X							X									
	Bank of America Stock		X										X						X										
JT	Lots 2,9,10 SE Corner Santa Lucia & Camino Real, Carmel, CA					X													X										
DC	Chas. Bennett Trust Beneficiary				X										X							X							
S	Bennett Properties Ltd. Partnership		X												X								X						Terminated
	Remainder Interest in Janet H. Farr Trust as follows: (one-half interest)																												
	AT&T Stock			X									X						X										
	Boeing Co. Stock				X								X						X										
	Bristol Meyers Squibb Stock				X								X						X										
	General Electric Co. Stock				X								X						X										
	Great Western Financial Corp. Stock			X									X						X										
	Hewlett Packard Stock				X								X						X										
	IBM Corp. Stock			X									X						X										
	Intel Corp. Stock					X							X						X										
	ITT Corp. Stock			X									X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SAM FARR

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Remainder Interest in Janet H. Farr Trust (continued)																												
	Merck & Co. Stock				X								X						X										
	Motorola Inc. Stock				X								X						X										
	Pfizer Inc. Stock					X							X						X										
	Schlumberger Ltd. Stock			X									X						X										
	WMX Technologies Stock			X									X						X										
	Dean Witter Liquid Assets Fund		X										X						X										
	El Paso Natural Gas		X										X						X										
	Chevron			X									X						X										
	Colgate Palmolive Co.			X									X						X										
	Lucent Technologies		X										X						X										

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SCHEDULE IV — TRANSACTIONS

Name SAM FARR

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Lucent Technologies	X			9/30/96	X									

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Name SAM FARR | Page 7 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute Seminar on Global Environmental Policy	Nov 11-17	San Francisco-Lisbon, Portugal-Wash. DC	Y	Y	Y	None

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 14 PM 2:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

(5)

Chaka Fattah
(Full Name)

1205 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-4001

Filer Status					
	X	Member of the U.S. House of Representatives	State: PA District: 02	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes **X** No

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes No **X**

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes **X** No

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes No **X**

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes **X** No

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes No **X**

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes No **X**

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes **X** No

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes No **X**

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes No **X**

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes No **X**

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Chaka Fattah

DATE (Month/Day/Year): 5-14-97

1077

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Law Office of Patricia M. Renfroe	Spouse's Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Chaka Fattah | Page 3 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP Provident Bank IRA, Broad & Chestnut Sts., Phila., PA 19102	$15,001 - $50,000	Interest	NA	NA
State Employee Retirement System	$100,001 - $250,000	Pension	NA	NA

Name Chaka Fattah | Page 4 of 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	CoreStates	Personal Loan	$10,001 - $15,000
	Sallie Mae	Daughter's Student Loan	$15,001 - $50,000

Name Chaka Fattah | Page 5 of 5

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Center for Human Advancement
Trustee	Lincoln University
Trustee	Community College of Philadelphia
Board Member	Philadelphia Urban League

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -8 AM 10: 35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

8

HARRIS W. FAWELL
(Full Name)

444 S. SLEIGHT STREET
(Mailing Address)

630-355-3563
Daytime Telephone

NAPERVILLE, IL 60540

Filer Status	[X] Member of the U.S. House of Representatives — State: IL District: 13	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: H W Fawell

DATE (Month/Day/Year): May 7, 1997

1082

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
STATE OF ILLINOIS	PENSION	$20,268
STATE OF ILLINOIS TEACHER FUND (SPOUSE)	NA	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name HARRIS W. FAWELL

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	First Col. Bank of DuPage County-Stock	X											X						X										
	First Chicago NDB Corporation (formerly First Chicago Corporation)					X							X									X							
	Harris Bank Naperville IRAs			X											X							X							
	RR Bedford Money Market		X												X					X									
	Harris Bank Naperville Money Market			X											X						X								
	101 N. Washington Office Building (1/3rd Owner)					X								X										X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Harris W. Fawell

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	121 Venture Office Building (1/3rd ownership)					X								X										X					
	Beaver Island, MI Real Estate						X												X										
	Nalco Stock 700 Shs			X									X							X									
	Harris Bank Naperville Money Market (Spouse)		X												X						X								
	Gruntal and Co (IRA Trust) roll-over Trustee inliew of State Street Bank						X						X		X	X								X					
	Bost, MA, and Charles Schwab and Co., previous IRA trustees																												
	Travelers Life Ins.-Spouse retirement tax sheltered annuities					X							X		X	X								X					
	John Alden Life Ins.-spouse retirement tax sheltered annuity (formerly included under Travelers Life Ins.-tax sheltered annuity)				X								X		X	X					X								
	Naperville Electric Bond		X												X					X									
	Baxter, International		X										X							X									
	Caremark, International		X										X							X									E
	Illinois Health Facility Bond		X												X					X									S
	DuPage County, IL Bond		X												X					X									
	General Electric Common Stock 50 sh		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Nevada State Lake Tahoe Bond		X												X					X									
	Will County Forest Preserve Bond		X												X					X									
	Springfield, IL Water Revenue Bond			X											X						X								
	Harris Bank Naperville - certificate of deposit (Spouse Inheritance)			X											X						X								
	Allegiance Corporation		X										X						X										E
	MedPartners, Inc.		X										X						X										E
	MidAmerica Bank Spouse retirement CD		X												X					X									

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SCHEDULE IV — TRANSACTIONS

Name Harris W. Fawell

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
	Illinois Health Facility Bond ($10,000)		X		12-2-96	X									
	60 Shares in MedPartner, Inc. exchanged for all of stock owned in Caremark, International			X	9-5-96	X									
	45 Shares of spin-off stock in Allegiance Corporation distributed to shareholders of Baxter, Int'l			X	12-30-96	X									

This page may be copied if more space is required.

Name Harris W. Fawell | Page 7 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Harris Bank Naperville, Naperville, IL	Mortgage on 121 Venture office office building (1/3rd ownership				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	North Central College, Naperville, IL

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

(8)

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 3:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

VICTOR H. FAZIO, JR.
(Full Name)

2113 Rayburn House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone:
(202) 225-5716

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: V. H. Fazio

DATE (Month/Day/Year): 5/15/97

1090

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Arter & Hadden	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name VICTOR H. FAZIO, JR. | Page 3 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	354 Bridge Pl., W.Sacramento, CA	$50,001 - $100,000	Rent	$5,001 - $15,000	
	MLPFS CMA Fund (MM average monthly)	$1,001 - $15,000	Interest	$1,001 - $2,500	
	WNC CA Housing Tax Credits III	$15,001 - $50,000		None - $200	
	AFC Cherokee Housing Partners	$15,001 - $50,000		None - $200	
	LA County M.L. King Hospital Bonds	$1,001 - $15,000	Dividends	$201 - $1,000	
	Bakersfield, CA Redevelopment Agency Bonds	$15,001 - $50,000	Dividends	$201 - $1,000	
	SEP/IRA MLPFS (Self):				
	ML Growth Fund for Investment	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	ML Retirement Reserves	$1,001 - $15,000	Dividends	None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	ML Global Holdings	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	Alliance Technology Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	P
	American Capital Emerging Growth Fd (Van Kampen)	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	ML Basic Value Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	ML Euro Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	ML Pacific Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	ML Special Value Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	ML Dragon Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	U.S. Treas. Strips	$15,001 - $50,000		None - $200	
	Resolution Funding Corp.	$1,001 - $15,000		None - $200	
	ML Corp Bond Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
	CD Coast Fed Bank	$1,001 - $15,000	Interest	$201 - $1,000	
	CD Bank of America Arizona	$1,001 - $15,000	Interest	$201 - $1,000	
	CD Bank United of Texas	None - $1,000	Interest	$201 - $1,000	S
SP	SEP/IRA MLPFS (Spouse):				
	Alliance Technology Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	P
	Wisc. Power & Light	$1,001 - $15,000	Dividends	None - $200	
	ML BAsic Value Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	CD Bank United of Texas	None - $1,000	Interest	None - $200	S
	Ford Motor Credit Co Notes	$1,001 - $15,000	Interest	$201 - $1,000	
	ML Global Holdings	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	ML Growth Fund for Invest-Retire	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	ML Dragon Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	ML Retirement Reserves	None - $1,000	Dividends	None - $200	
	ML Corp Bond Fund	$1,001 - $15,000	Dividends	$201 - $1,000	

Name VICTOR H. FAZIO, JR. | Page 5 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	ML Pacific Fund	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	ML Euro Fund	None - $1,000	Capital Gains and Dividends	None - $200	
	American Capital Emerging Growth Fund (Van Kampen)	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	U.S. Treas. Strips	$1,001 - $15,000		None - $200	
SP	Arter & Hadden Retirement Plan	$1,001 - $15,000	Dividends	None - $200	

Name VICTOR H. FAZIO, JR. | Page 6 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	SEP/IRA (Self):			
	Alliance Technology Fund	Purchase	07/17/96	$1,001 - $15,000
	CD United Bank of Texas - Redeemed	Sold	05/14/96	$1,001 - $15,000
SP	SEP/IRA (Spouse):			
	Alliance Technology Fund	Purchase	07/17/96	$1,001 - $15,000
	CD United Bank of Texas - Redeemed	Sold	05/14/96	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Crossland Mortgage Corp.	Mortgage on 354 Bridge Pl., W. Sacramento, CA	$15,001 - $50,000

Name VICTOR H. FAZIO, JR.	Page 8 of 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director (uncompensated)	Junior Statesmen Foundation
Director (uncompensated)	National Italian American Foundation

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 AM 10: 18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(Full Name) BOB FILNER

(Mailing Address) 330 CANNON HOUSE OFFICE BLDG.
WASHINGTON, D.C. 20515

Daytime Telephone 225-8095

Filer Status	☒ Member of the U.S. House of Representatives — State: CA District: 50	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bob Filner

DATE (Month/Day/Year): MAY 12, 1997

1098

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SELF-EMPLOYED CONSULTANT	SPOUSE SALARY	NA
	PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION	9808

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BOB FILNER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction (P, S, E)
SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	CMA MONEY FUND (MERRILL-LYNCH)			X									X								X								
	GUARDIAN MUTUAL FUND (NEUBERGER + BERMAN)		X										X			X			X										

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	ML TECHNOLOGY VENTURES (LP)	X													X	X			X										
	NAT'L HEALTH INSUR. CO -#1 (TSA)		X												X					X									
	NUVEEN CA. TAX-FREE FUND						X						X										X						
	OCTUS INC. (PREF. STOCK)		X										X						X										
	SAN DIEGANS for BOB FILNER (LOAN)				X									(NA)					X										
	USE CREDIT UNION		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	BANK of AMERICA (CHECKING)	X													X				X										
	CONGRESSIONAL FCU	X													X				X										
	LA. COUNTY SAN IT. BONDS		X												X					X									
	ML IRA (ROLLOVER)			X									X			X					X								
	SAN DIEGO CO. CTFS-2001 (BONDS)		X												X					X									
	CALIFORNIA ST. BOND			X											X						X								
	SAN DIEGO CO. CTFS-2004 (BONDS)			X											X						X								
	CALIF. HLTH FCS BOND			X											X					X									
	NAT'L HEAL INSUR CO. #2 (TSA)				X										X							X							

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Name BOB FILNER | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SAN DIEGO NATIONAL BANK	PERSONAL LOAN			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NA	

Use additional sheets if more space is required.

Name BOB FILNER | Page 7 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ASSOC. OF AMERICAN RAILROADS	NOV. 22-25	WASH, D.C — PHOENIX — WASH, DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 2:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

Thomas M. Foglietta
(Full Name)

Hopkinson House, Apt. 3003, 6th & Washington Square (215) 925-6840
(Mailing Address) Daytime Telephone

Philadelphia, PA 19106

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 15th, 1997

1105

Name	Page 2 of 9
Thomas M. Foglietta	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	City of Philadelphia	Pension	10,457.

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9
Thomas M. Foglietta	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Thomas M. Foglietta

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP	*Examples* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Interest Personal Savings Account Congressional Federal Credit Union		X												X				X										
	Sales of Security - Capital Gains																												
	1000 Sh. Geotek Comm., Inc.	X														X					X								S
	IRA Account @ Ray James & Assoc. 460 Sh. National Media Corp.		X													X			X										
	910 Sh. National Media Corp.		X													X			X										
	1000 Sh. Yardville National Bancorp.			X												X				X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Foglietta

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Gross Rental Income - 721 Fitzwater																												
	Street, Philadelphia, PA					X								X										X					
	Gross Rental Income - 708 Clymer																												
	Street, Philadelphia, PA				X									X								X							
	2 Ground Lots, Kidder Township,																												
	Lake Harmony, PA					X										X			X										
	210 Associates - Real Estate Ptsp.,																												
	(Prop. address: 210 N. 13th Street Phila., PA)						X									X			X										

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Name Thomas M. Foglietta

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	Geotek Comm., Inc. - Purchased Through Raymond James Security Account	X			01-08-96	X									
			X		02-29-96	X									

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Name Thomas M. Foglietta

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	PNC Bank	Mortgage - 721 Fitzwater St Phila, PA Rental Property				X						
	Jefferson Bank	Personal Loans			X							
	PNC Bank	Personal Loans		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Thomas M. Foglietta | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Asopemi (Trade Organization in Venezuela)	6/29-7/7	New York - Caracas - New York	Y	Y	N	Y
United Association of Journeymen and Apprentices	8/8-8/11	Philadelphia - Las Vegas- Philadelphia	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	210 Associates (Investment Property - 210 N. 13th St., Phila., PA)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED LEGISLATIVE RESOURCE CENTER 97 MAY 15 PM 6:07 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED

MC

(Office Use Only)

MARK ADAM FOLEY

(Full Name)

3507 Village Boulevard #304

(Mailing Address)

561/627-6192

Daytime Telephone

West Palm Beach, Florida 33409

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 16	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Mark A Foley

DATE (Month/Day/Year): 5/15/97

1114

Name	Mark Adam Foley	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Mark Adam Foley	Page	1 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1996 Aug. 13, 1996	$2,000 $500
Nat'l Manufacturers' Alliance	Speech	3/1/96	$750
New England Institute of Technology of Palm Beach	Speech	4/14/96	$2000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Mark Adam Foley

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	1 17th Ave So, Lake Worth, FL (Vacant Lot)					X								X					X										S
JT	Apt 118, Hotel Aspen, Aspen, CO				X									X										X					
	Great Western Savings		X												X					X									
	257 CV REIT, Inc		X										X							X									
	100 Great Western Financial		X										X							X									
	1117.40 Smith Barney Money Fund		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Adam Foley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	1000 Banyan Hotel Invest VHT		X										X						X										
	200 Televideo Systems	X											X						X										
	Life Insurance Policy			X											X							X							
	Stock: Foley-Smith, Inc.			X															X										
	Stock: Foley Capital Corp.		X																X										
	1200 Dycom		X										X						X										
	200 Florida Power & Light		X										X							X									
	Wright Patman Congressional Credit Union			X											X						X								
	First Union Checking		X												X				X										
	Linsco Private Ledger Corp.			X											X					X									
	Alliance Capital			X											X				X										
JT	Interest Income Note-504 Lucerne Ave					X									X							X							
	John Hancock Life Insurance Policy		X												X				X										
JT	504 Lucerne Ave, Lake Worth, FL					X										X								X					S

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Mark Adam Foley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
JT	504 Lucerne Ave, Lake Worth, FL		X		3-1-96				X						
	1 17th Ave So, Lake Worth, FL		X		5-1-96				X						
	200 Shares Dycom		X		9-25-96	X									

This page may be copied if more space is required.

Name Mark Adam Foley

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	UTE City Mortgage	Mortgage on 118 Hotel Aspen			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page 8 of 9
Mark Adam Foley	

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Miami Congressional Workshop (Miami Chamber of Commerce, University of Miami,Fl Internat'l University)	Feb 2 - 4	West Palm Bch-Miami-WPB	Y	Y	N	N
	Tiger Bay Club	Mar 25 - 26	WPB - Tallahassee - Wash DC	N	Y	N	1 Day
	FL Medical Association	Mar 25 - 26	Tallahassee, FL	Y	Y	N	1 Day
	Citizens Against Govt Waste (Columbia Institute)	May 18	WPB - Tampa - WPB	N	Y	N	N
	Heritage Foundation	Apr 12-13	WPB - Naples - WPB	Y	N	N	N
	Fl Medical Association PAC	May 17	Wash DC - Orlando - Miami	N	Y	N	N
	Fl Outdoor Advertisers Association	Jun 20-21	Wash Dc - Orlando - WPB	Y	Y	N	N
	Business Govt Relations Committee	Oct 24 - 25	WPB - Williamsburg - WPB	Y	Y	N	N

This page may be copied if more space is required.

Name Mark Foley	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 15 AM 8:46

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Michael P. Forbes
(Full Name)

c/o George R. Sullivan, CPA - P.O. Box 500
(Mailing Address)

Southold, New York 11971

Daytime Telephone 516-765-1118

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Mike Forbes

DATE (Month/Day/Year): 5/15/97

1123

Name Michael P. Forbes	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	General Services Administration	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael P. Forbes

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X							X										X				
	1st Bank of Paducah, KY accounts					X											X					X							
JT	Residence, Quogue, New York						X								X									X					
*JT	Condominium, Arlington, Virginia					X									X								X						

For additional assets and unearned income, use next page.

* Owned jointly with spouse and other persons

Name Michael P. Forbes | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Chase Manhattan Bank, New York, New York	Mortgage on 2 Seuss Path				X						
		Quogue, New York										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Forbes & Gallagher

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 PM 5: 11

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

Harold E. Ford, Jr.
(Full Name)

58 River Mist, Memphis, Tennessee 38103
(Mailing Address)

(202) 225-3265
Daytime Telephone

Filer Status	[x] Member of the U.S. House of Representatives	State: Tennessee District: 9th	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Harold Ford

DATE (Month/Day/Year) 5/14/97

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Alpha Church, Congregation of the Temple of the Living God, Memphis, TN (July)	Speech honoraria	$200
	Local church, Memphis, TN (July)	Speech honoraria	$200

For payments to charity in lieu of honoraria, use Schedule II.

Name Harold E. Ford, Jr. | Page 3 of 4

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Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	William D. Ford Federal Direct Loan Program, U.S. Department of Education	Educational Loan		X								

SCHEDULE VI — GIFTS

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Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Law Clerk	Hanover, Walsh, Jalenak & Blair, Memphis, Tennessee

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

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Use additional sheets if more space is required.

Continued in H. Doc. 105–110, Vol. 2 of 3

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